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## **POSTOPERATIVE INSTRUCTIONS**

### **MENISCAL ALLOGRAFT TRANSPLANTATION WITH OSTEOCHONDRAL ALLOGRAFT OF FEMORAL CONDYLE**

#### **DIET**

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

#### **WOUND CARE**

- Maintain your operative dressing. Loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Please remember to change bandages daily.
- Please maintain steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry.
- You may shower by placing waterproof bandaids over incision areas. Brace may come off to shower. NO immersion of operative leg (i.e. bath).

#### **MEDICATIONS**

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time, which can be taken as per the directions on the bottle.
  - DO NOT drive a car or operate machinery while taking narcotic medication
- Primary Medication = Norco (Hydrocodone)
  - Take 1 – 2 tablets every 4 – 6 hours as needed
  - Max of 12 pills per day
  - Plan on using it for 2 to 5 days, depending on level of pain
  - Do NOT take additional Tylenol (Acetaminophen) while taking Norco or Vicodin
- For surgeries of larger magnitude, some patients will be prescribed Oxycodone (5-10mg)
  - Take 1 – 2 tablets every 4 – 6 hours as needed
  - If given Oxycodone, this should be your primary medication during the first few days after the surgery. As the pain level improves, you should transition to Norco medication for residual pain.
- Common side effects of pain medication are nausea, drowsiness, and constipation.
  - To decrease the side effects, take medication with food.
  - If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace (or Periocolase), or Miralax.
  - If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed, email/call Dr. Weber.
  - For nausea, take prescribed Zofran / Phenergan.
- Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

## ACTIVITY

- *MUST USE CRUTCHES to maintain TOE TOUCH/HEEL TOUCH weight bearing for 6-8 weeks.*
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

## BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position (i.e. lying or sitting).
- Remove brace for shower.

## ICE THERAPY

- Begin icing immediately after surgery.
- Use icing machine for up to 20 minutes out of every hour until your first post-op visit.
- If you do not purchase an ice machine, please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit.
- If braced, loosen brace to avoid added pressure.

## EXERCISE

- A continuous passive motion(CPM) machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day. If you have technical problems with the CPM, contact Dr. Weber's office.
- Try to obtain 4-6 hours of accumulated time on the CPM machine.
  - Start range of motion from 0° of extension (straightening) to 40° of flexion (bending).
  - Increase CPM range of motion 5-10° each day, as tolerated, up to 90-degree maximum.
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend your knee (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first postoperative visit. You will be given a script for this at that time.

## FOLLOW-UP CARE/QUESTIONS

- Dr. Weber will call you (typically on your first day after surgery) to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 818-658-5930.
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours and ask for appointment scheduling at 818-658-5930.
- For any other questions or concerns please contact Dr. Weber via email ([weberae@usc.edu](mailto:weberae@usc.edu)), at the office (818-658-5930), or by cell (518-928-8389).

## **\*\*EMERGENCIES\*\***

Contact Dr. Weber at the office (818-658-5930) or by cell (518-928-8389) if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (note – it is normal to have a low-grade fever (101° and under) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in wrist or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

**Proceed to the nearest emergency room if you have an emergency that requires immediate attention.**