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POSTOPERATIVE INSTRUCTIONS

MICROFRACTURE - FEMORAL CONDYLE

DIET

- Begin with clear liquids and light foods (jellos, 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.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry.
- Please remember to change bandages daily.
- You may shower by placing a large plastic/garbage bag over your brace starting the day after surgery. You may then shave as long as the wounds remain sealed with band-aids. 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
- 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

- 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
- Use crutches to assist with walking – you may bear no more than 20-30% of your weight on your operative leg – unless instructed otherwise by physician
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks

- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

BRACE (If prescribed)

- A brace is not usually prescribed for your surgery
- If a continuous passive motion machine was prescribed, remove brace during use (if applicable)

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 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 continuous passive motion machine, contact Dr. Weber.
- Use the continuous passive motion machine out of the brace for 6-8 hours per day in 2-hour intervals – begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 40° flexion (bending) that is comfortable for you – increase flexion by 10° daily to 90° as tolerated.
- Begin exercises 24 hours after surgery (quad sets and ankle pumps) unless otherwise instructed. Complete exercises 3-4 times daily until your first post-operative visit.
- Discomfort and knee stiffness is normal for a few days following surgery.
- 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 post-operative visit.

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), 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.