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## Patient Surgery Discharge Instructions

### Distal Femoral Osteotomy

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These instructions are intended to guide your recovery to be as smooth as possible. Always follow any additional instructions given by Dr. Mayo or his team, contact the office if you have questions.

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#### Activity

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##### Weight Bearing/Crutches

- You may walk with crutches but only put your toes down for balance (toe touch weight bearing). Keep your brace locked straight in extension. Surgery will cause your thigh muscles to be weak, so take your time and be safe.
- Use crutches at all times until cleared by Dr. Mayo to discontinue them.

##### Brace

- Your knee brace must remain on at all times when out of bed and while asleep. The brace may be loosened for therapy and dressing changes.
- Range of motion from 0-90 when doing therapy exercises is OK

##### Driving

- Left leg surgery: You may drive if you are not taking narcotic pain medications
- Right leg surgery: You may not drive until cleared to do so by Dr. Mayo or his team.

##### Physical Therapy

- You will have physical therapy a few days after surgery. If you do not have this scheduled, please call immediately to arrange this.
- You can do the following home exercises several times (300-500 reps) per day until then.
  - Ankle pumps
  - Straight leg raises with your brace on
  - Thigh isometric contractions
  - Knee range of motion 0-90

##### Smoking

- Refrain from smoking as it can interfere with healing.
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#### Pain Control

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Postoperative pain is common but should be controlled by these interventions.

##### Elevation

- Elevate your knee as much as possible for the next few days to help reduce swelling and pain.

##### Ice Therapy

- Apply ice or use your cold therapy unit, if you have one, as often as you can tolerate for the first several days after surgery. Wear it over your clothing.

##### Pain medications

- Tylenol (Acetaminophen) 500 mg
  - Take every 6 hours for 1 week (scheduled, not as needed) to control your pain.
  - After 1 week, take it as needed.
- Celebrex 200 mg – this is an anti-inflammatory pain medication.
  - Take twice a day for 1 week (scheduled, not as needed) to control your pain.
- Oxycodone 5 mg – this is a narcotic pain medication. Take as needed for pain.
  - Take no more than every 4 hours as needed for pain, stretching long if able.
  - Do not take more than prescribed. After this continue with acetaminophen.
  - This is the only prescription for a narcotic pain medication that we will provide. Any additional pain medications after this will need to be provided by your primary care physician.



- Tranexamic Acid (TXA) 650 mg – this is to reduce bleeding and swelling to improve pain and motion after surgery
  - Take 3 times per day, beginning the night of surgery, for 3 days

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### Other Medications

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#### **Blood Thinner**

- Aspirin (Ecotrin) 81 mg – this is to help prevent blood clots after surgery.
  - Take twice a day for 28 days whether you are having pain or not.

#### **Other Medications**

- Promethazine (Phenergan) 12.5 mg – this is to help with postoperative nausea.
  - Take every 6 hours as needed for nausea/vomiting for up to 7 days.
- Colace 100 mg – this is an over the counter medication for postoperative constipation.
  - Take twice a day as needed for constipation.

#### **Home Medications**

- Resume your other home medications as instructed.

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### Dressings/Bathing

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#### **Bandages/Dressings**

- Keep all your bandages clean and dry. If your dressings get wet, or saturated with blood, please call the office at the number below for instructions.
- Remove your bulky bandages on postoperative Day 3. Leave the small white band-aids (Steri-Strips) on. They will be removed when your sutures are removed around 2 weeks after surgery.
- It is helpful to keep your knee wrapped in the ACE bandage to reduce swelling.
- You may be able to see suture tails under your bandages. This is normal. Do not pull them, we will take them out in clinic.
- After the initial bandages are removed, keep the wounds covered with clean dressings.
- Postoperative bleeding is not unusual. Reinforcing your dressing is alright. If you have concerns about the amount of bleeding, please call.

#### **Showering/Bathing**

- You can shower after the initial post op dressing is removed allowing water to run over the area. Do not scrub the incision area. Pat the area dry.
- No soaking in a bathtub or any swimming (pool, hot tub, lake, river, etc.).

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### Follow-up & When to Call

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- Follow-up will be in approximately 1-2 weeks with Dr. Mayo or his team. If you do not have an appointment already scheduled, please call the office number above.
- If you have *any* concerns about your recovery, feel free to call our office. It is better to check early rather than wait if something seems wrong
- Call the office promptly and/or report to the Emergency Department for evaluation if you develop any of the following: signs or symptoms of infection, including fever >101.5, marked increase in pain, new redness, or increased drainage, particularly purulent drainage, or if you develop unusual chest pain and/or shortness of breath, significant calf swelling, tightness, or pain.
- Call the office or seek medical attention if you have calf swelling, redness, or pain; this can be a sign of a blood clot (DVT).
- If your fingers or toes become cold, discolored, or you feel increased numbness or tingling, loosen the bandages slightly and call the office if symptoms do not improve quickly.
- If this is after hours and urgent, please call 855-750-5757. If of an emergent nature, please go to your local Emergency Department to be evaluated.

