

Tibial Plateau Open Reduction Internal Fixation (ORIF) **Postoperative Instructions**

David P. Trofa, M.D.

Assistant Professor of Orthopaedic Surgery, Columbia University Medical Center
Chief of Sports Medicine, New York-Presbyterian Westchester
Director of Clinical Outcomes, Department of Orthopaedic Surgery
Head Team Physician, Columbia University
www.DavidTrofaMD.com

ABOUT YOUR SURGERY

- Thank you for entrusting me with your surgical care. Please feel free to contact my office with any questions or concerns that you may have during your postoperative recovery, and I will make sure that all your concerns are adequately addressed.
- Your surgery was performed through an incision at the side of your knee. The depressed articular cartilage and bone was restored to its normal position and held in place with a plate. Post-operatively you will not be able to bear weight for 8 weeks, but you will be allowed to work on knee range of motion. This is incredibly important for the overall health of your knee and to prevent postoperative stiffness.

POSTOPERATIVE OFFICE VISIT

- You should have an office visit scheduled 7 days after your surgery to look at the wound, and initiate range of motion exercises.

MEDICATIONS

- Prescriptions for pain and other applicable medication will be sent to your pharmacy before your procedure.

Pain Medication

- **The goal of the multimodal pain regimen is to minimize the amount of narcotic (opioid) medications that you require for postoperative pain control.**
- You should discuss these medications with your primary care doctor to make sure there are no interactions with any other medications that you are taking, and that your kidneys and/or liver are healthy enough for their use.
- Always eat prior to taking medication. Do not take medication on an empty stomach.
- If you had a regional nerve block, start taking pain medication when you feel pins and needles. Do not wait until you have pain. If the block has not worn off before you go to sleep, take a dose of pain medication anyway.
- If you don't have a bowel movement by the third day, take **Colace (Docusate)** and **Senna** over the counter as per package instructions.

Anticoagulation (Blood Thinners)

- You will receive a prescription for **Aspirin 325 mg (#28 total) to be taken once daily** with food for prophylaxis against blood clots unless you have a contraindication to this medication.

- Ambulation, foot/hand pumps, and movement of the surgical site within the confines of the weightbearing and motion restrictions provided are additional ways to reduce the occurrence of blood clots after surgery.
- Seek emergency attention if you develop increasing leg pain, swelling that does not decrease with elevation of the lower extremity, enlargement of veins near the skin, reddish skin discoloration, or skin that is warm to touch.

TRAVELING

- Avoid air travel for a minimum of two weeks after surgery on the lower extremity to decrease your risk of blood clots.
- If air travel is necessary, please inform the office as we will increase your dose of aspirin to 325mg BID for five days.
- Also, if air travel is necessary either walk frequently or do ankle pump exercises (flex your foot up and down repeatedly) in your seat every hour. This squeezes the blood vessels, helping to prevent the formation of blood clots.
- Stay well hydrated as dehydration causes the blood to thicken.
- Avoid alcohol consumption as alcohol can cause dehydration.

DRESSING CHANGES, WOUND CARE, AND BATHING

- You will leave the operating room with gauze, cast padding and an ace wrap over the top of your incision. This may be removed 72 hours after your surgery.
- Please **leave the steri-strips in place over your incision**. These will be removed at your first postoperative appointment.
- The steri-strips are water resistant, and you can shower after the ace wrap and cast padding material is removed. Allow water to run over the incision/steri-strips, but do not bathe, scrub or soak your surgical site.
- Do not apply any lotions, creams, or ointments directly to the incisions until 30 days after surgery.
- Replace the ACE bandage over your incision dressing after showering.
- ***AVOID STEAM ROOMS, SWIMMING POOLS, AND TUBS FOR A FULL 4 WEEKS AFTER THE DATE OF YOUR SURGERY TO AVOID INFECTION.***

SWELLING / INFLAMMATION CONTROL

- Elevate your leg for the first 3-5 days. **Do not place a pillow under your knee.** Instead, place a pillow under your calf and ankle, with your knee kept straight.
- Icing the surgical site is very important following surgery. In most cases you will be offered a cryotherapy unit to use after surgery. This unit is a cooler which circulates cold water through a cuff. This device may be left on the surgical site for extended periods of time. There is a rental fee to use this device, or it may be purchased directly. For any questions regarding this equipment please call East Coast Orthotics at 212-342-0846.
- If you choose to use regular ice packs, please limit icing to 20-minute sessions every 2-3 hours at most to avoid any skin problems.
- Icing should be continued for the first several weeks following surgery.
- In addition to icing, compression with a support/wrap and elevation of the affected limb above the level of your heart will promote good circulation and reduce both swelling and pain.

- It is normal to have swelling and/or bruising around your incisions, or about the surgical extremity after surgery. This will gradually resolve after surgery.
- ***PROLONGED FEVER OVER 102 DEGREES, THICK DRAINAGE, CHEST PAIN, SHORTNESS OF BREATH, OR CALF PAIN SHOULD BE REPORTED IMMEDIATELY. PLEASE CALL IF YOU EXPERIENCE THESE SYMPTOMS.***

WEIGHTBEARING STATUS / IMMOBILIZATION

- You will leave the operating room with your knee in a brace locked in extension. You are to remain in extension for soft tissue rest for 1 week.
- You will be non-weight bearing for 8 weeks. A progressive weight bearing protocol will then follow:
 - Week 8-9: Flat foot weight bearing (20% body weight) with both crutch and in brace
 - Week 9-10: FWB (full weight bearing) with both crutches and brace
 - Week 10-11: FWB with one crutch and brace
 - Week 11-12: FWB with no brace, no crutches

REHABILITATION / PHYSICAL THERAPY

- IMMEDIATELY after surgery perform straight leg raises in you brace and ankle pumps. Try to do 100 of each, every single day. This can be broken into 10 sets of 10 reps. Remember, you cannot do too many ankle pumps.
- Formal physical therapy will begin 1 week after surgery. Therapy can be performed at any facility you like.
- A physical therapy protocol will be provided to you in your postoperative folder and can be found online.

DRIVING AFTER SURGERY

- The ability for someone to resume driving after surgery is seldom a medical question, but more often a legal question. Driving with any form of a brace on may be interpreted as driving while impaired. It is the responsibility of all licensed drivers to always drive safely no matter what their permanent or temporary impairment may be.

WORK AFTER SURGERY

- Discussions of return to work will depend on the type of work that you perform, and the immediacy of needs to return. This discussion will be had preoperatively and at each visit postoperatively to help you, the patient, to get back to what you need to be doing in a timely fashion, while not compromising your surgical outcome.

DIET AFTER SURGERY

- A balanced, healthy diet high in proteins is most valuable for the body to utilize during the healing process after surgery. There are otherwise no formal restrictions on your diet after surgery.

OTHER COMMENTS

- We recommend abstaining from alcohol or tobacco use in the postoperative period. This is for general health reasons, as combination with the prescribed medications can be

dangerous, but also to prevent adversely affecting the body's healing response to your surgery.