



Dr. Ryan Degen, MD
Fowler Kennedy Sport Medicine Clinic - 3M Centre
Western University, 1151 Richmond Street, London ON N6A 3K7
Office: 519-661-2171 Fax: 519-661-4237

High Tibial Osteotomy (HTO) - Post-Operative Instructions

DAY OF SURGERY:

1. You will be admitted to the hospital for an overnight stay following your operation.
2. You will meet a physiotherapist in the recovery room or on the orthopedic floor. The therapist will show you how to lock/unlock your brace. They will also instruct you on some exercises that you will begin doing in hospital and at home, and how to safely use your crutches.

DAY 1 AND UNTIL FIRST POST-OP VISIT:

1. Keep your leg elevated to decrease swelling, which will then in turn decrease your pain. You can elevate the foot of your bed by putting a couple of pillows between your mattress and box spring. I would not keep a pillow directly under your ankle as this hyperextends your knee.
2. Prescriptions for pain medication will be given to you when you leave. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Otherwise, use the pain medication **ONLY** as needed.
3. Continue to apply ice to your knee approximately 2-3 times a day. You may use it more frequently if you are having continued pain and swelling.
4. Wound care
 - a. Your initial post-operative dressing will be changed before leaving the hospital.
 - b. The dressing should otherwise be changed daily for 10-14 days using sterile gauze from your local pharmacy.
 - c. Please do not use polysporin or other ointments under the bandage as the wounds should be allowed to dry.
 - d. You may shower on post-op day #2 if the incisions are dry and covered with a waterproof dressing or saran wrap secured with tape.



- e. Do not soak the knee in water or go swimming in a pool or in the ocean until your sutures are removed. Typically getting into a bath or pool is permitted 2 days after the sutures are removed, unless otherwise instructed.
 - f. Sutures will be removed at your 2 week appointment,
 - i. The date for this appointment will be provided before leaving the hospital on the day of your operation
 3. Continue doing the exercises shown to you by the physiotherapists at least 2x day. Begin physiotherapy within the first week after your surgery.
 - g. Unless otherwise specified, your physiotherapist should follow the available protocol on the Fowler Kennedy website:
 - www.fowlerkennedy.com → Patient resources → Physiotherapy → 'High Tibial Osteotomy (HTO) Protocol'
 4. Work/School
 - a. You may return to sedentary work/school in the next couple of days when you feel up to it. You will need to keep your leg elevated as much as possible.
 5. Driving
 - a. If your operative leg is your right leg, driving is not permitted for 6 weeks
 - b. If your operative leg is your left leg, driving is permitted 2 weeks after the surgery if you meet the following criteria:
 - i. You no longer take narcotic pain medications
 - ii. You drive an automatic car. If you have a manual car, you could drive after 6 weeks.
 - iii. You can safely get in and out of your car. Please ask your physical therapist for instructions.



MISCELLANEOUS INFORMATION

1. There may be some bleeding and or arthroscopic fluid leaking from the incision sites. This is normal after this type of surgery. This may continue for 24-36 hours. You may change and/or reinforce the bandages as needed. **DO NOT** remove the white steri-strip tapes covering the lower incision even if they are wet or bloody.
2. There will be MORE swelling on days 1-3 than there is on the day of surgery. The swelling will make it more difficult to bend your knee, but will decrease by elevating the leg and icing regularly. As the swelling goes down your range of motion will become easier.
3. You may develop swelling and bruising that extends from your knee down to your calf and perhaps even to your foot over the next week. This is simply bruising tracking down the leg and is not uncommon.
4. There may be some numbness adjacent to the incision site. This may last for 6-12 months.
5. Pain medication may make you constipated. Below are a few solutions to try in this order:
 - A. Decrease the amount of pain medication if you aren't having pain.
 - B. Drink lots of decaffeinated fluids.
 - C. Drink prune juice and/or eat dried prunes

If the first 3 don't work, try D and E

- D. Take Colace - an over-the-counter stool softner
- E. Take Senokot - an over-the-counter laxative