



Combined Osteochondral Allograft & Meniscal Allograft Transplantation

1. Diet

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

2. 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 maintain Steri-strips in place.
- Remove surgical dressing on the second 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 – you may shower by placing waterproof Band-Aids over incision areas. Please remember to change Band-Aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

3. Medication

- Do not drive a car or operate machinery while taking the narcotic medication
- 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.
- 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.
- Common side effects of the 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 change, email/call Dr. Collon.
- 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.

4. Activity

- **MUST USE CRUTCHES** to maintain TOE TOUCH/HEEL TOUCH weight bearing x 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.

5. 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.

6. Ice Therapy

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep extremity elevated to level of chest while icing.
- Ice machines are not covered by insurance, but can be purchased in Dr. Collon's clinic or through an online retailer of your choice.

7. Exercise

- 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.

8. Emergencies**

- Contact Dr. Collon or his nurse at 323-442-5860 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever 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
- ** If you have an emergency after office hours or on the weekend, contact the same office number (323) 442-5860 and you will be connected to our page service – they will contact Dr. Collon or one of his fellows if he is unavailable. Do NOT call the hospital or surgical center
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

9. FOLLOW UP CARE + QUESTIONS

- A member of Dr. Collon's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 323-442-5860.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (323-442-5860) and ask for appointment scheduling.
- The first post-operative appointment will be with one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.