

Webster Surgery Center
3300 Webster Street, Suite 1010
Oakland, CA 94609
(510) 451-1875

Dr. Steven Isono

Microfracture – Trochlear/Patellar Defect

DIET

- Begin with clear liquids and light foods (jello, soup, etc)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the ACE bandage, do not be alarmed – reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily – you may then shave as long as the wounds remain sealed with the band-aid
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your brace starting the day after surgery – 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 – this can be taken as per directions on the bottle
- 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
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘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 – bear as much weight as tolerated on the operated leg with brace locked in extension unless otherwise instructed by the 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

- Your brace should be worn at all times (day and night – except for exercises) and locked so you can only obtain 40° of flexion (bending) – otherwise informed by the physician after first post-operative visit
- Keep brace locked in extension while weight bearing with crutches until your first post-operative visit unless otherwise instructed by the physician
- Remove brace for flexion (bending) and other exercises done in a non-weight bearing position (i.e. lying or sitting)
- If a continuous passive motion machine was prescribed, remove brace during use

ICE THERAPY

- Begin immediately after surgery
- Use icing machine or ice (if machine is not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises and ankle pumps) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few days following surgery
- Complete exercises 3-4 times daily until your first post-operative visit
- 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