

POST-OPERATIVE INSTRUCTIONS

Osteochondral Allograft Transplantation

Knee Cartilage Restoration (OCA)

Questions or a problem after surgery? Call Dr. Wichman's office at **414-479-7000**.

Diet

1. Begin with clear liquids and light foods (jello, soup, toast, etc...)
2. Progress slowly back to your pre-op diet as tolerated
3. Try to avoid taking narcotics on an empty stomach to avoid nausea

Wound Care

1. Take good care of your operative dressing. You may loosen the bandage if foot or ankle swelling occurs.
2. It is normal for the knee to bleed slightly and swell after surgery.
3. If blood soaks through the bandage, do not panic. Reinforce with additional dressings as needed.
4. Remove your surgical dressing on the second post-operative day.
5. If steri-strips are present, they should remain in place until your first post-operative visit.
6. If minimal drainage is present, cover the incision with band-aids and change daily.
7. To avoid infection, keep surgical incisions clean and dry. Cover incisions with waterproof bandages or Press-and-Seal for showering. NO immersion of the leg in water (i.e., bath or pool).

Medications

1. Pain medication is injected into the wound and knee joint during surgery. This will wear off in approximately 8-12 hours from surgery.
2. Most patients will require a short period of narcotic pain medication. This should be taken as directed on the bottle.
3. Norco (hydrocodone/Tylenol) or Percocet (oxycodone/Tylenol)
4. Take 1-2 tablets every 4-6 hours as needed for pain.
5. Maximum of 12 pills per 24 hour period.
6. Do NOT take additional Tylenol (acetaminophen) while taking these medications. Many products contain this medication (cough meds, cold meds) and can lead to liver damage.
7. Common side effects of narcotic pain medications are nausea, drowsiness, and constipation. Use a stool softener (Colace, senokot) or laxative (Miralax) as needed.
8. Aspirin (81mg or 325mg, as instructed by your doctor) should be taken daily to gently thin the blood and decrease your risk of a DVT/blood clot.
9. If you are having problems with nausea and vomiting, call the office to see if the medication should be changed or additional medications prescribed.
10. Journavx (suzetrigine): If you were prescribed Journavx, take 2 tablets (your one-time starting dose) with a small sip of water before leaving home the morning of surgery. Then take 1 tablet every 12 hours, starting 12 hours after your first dose, as directed. Take the starting dose on an empty stomach, and avoid grapefruit while taking this medication.
11. Do not drive a car or operate heavy machinery while taking narcotics.

Activity

1. Elevate the operative leg above heart level when possible to decrease swelling.
2. Use crutches to assist with walking. Protected weight-bearing (toe-touch to partial) for approximately 6 weeks is typical and depends on the location of your cartilage repair — follow the specific weight-bearing instructions given by your surgeon.
3. Advance to weight-bearing as tolerated only when cleared by your surgeon (on average around 6 weeks).
4. Avoid impact activities (running, jumping) and deep squatting until cleared.
5. No driving until instructed by your medical team.
6. You may return to sedentary work or school within a few days after surgery, if pain is tolerable.

Brace

1. You may be discharged wearing a hinged knee brace. Wear it as instructed by your surgeon — typically locked in full extension for walking and sleeping early on.
2. You may unlock the brace for seated or lying range-of-motion exercises as directed.
3. You may remove the brace for showering.

Ice Therapy

1. Begin immediately after surgery
2. Use ice machine or ice packs every 2 hours for 20 minutes until your first post-operative visit.
3. If an ice machine was prescribed, may use continuously until first post-operative visit. Remember to protect the skin to avoid thermal injury (frostbite)

CPM Machine

1. If a CPM machine was prescribed, begin on post-operative day 1.
2. Early motion is important to nourish and protect the cartilage graft. Advance the range as tolerated and as directed by your surgeon.
3. We typically recommend 4-6 hours daily, which can be broken into 2 or 3 sessions.

Exercise

1. Begin gentle exercises on post-operative day one (quad sets, heel slides, ankle pumps, and straight leg raises as directed).
2. Early, protected range of motion is encouraged to nourish the cartilage graft — bend the knee as directed by your surgeon.
3. Perform ankle pumps throughout the day to reduce the risk of a blood clot in your calf.
4. Formal physical therapy will be discussed at your first post-operative visit, typically 7-14 days after surgery, and is critical to your recovery.

When to Call Us

Contact Dr. Wichman at 414-479-7000 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Redness around incisions
- Fever (above 101.5°F) - It is not uncommon to have a low-grade fever for the first day or two following surgery.
- Color changes in foot, ankle, or lower extremity
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected.)
- Difficulty breathing
- Excessive nausea or vomiting

If you have an emergency after hours or over the weekend, call 414-479-7000 to be connected to the "on-call" physician or physician assistant. Do NOT call the hospital or surgery center.

If you have an emergency that requires immediate attention, call 911 or proceed to the nearest Emergency Room.