

Dr Aziz Bhimani

HIP & KNEE SURGEON

www.wollongongorthopaedics.com.au

Post-Operative Instructions-Tibial Tubercle Osteotomy +/- Medial Patellofemoral Reconstruction

1. Remove crepe bandages 24 hours after your surgery. Leave the dressings intact and keep clean and dry until your post-operative appointment.
2. Wear the long thigh high compression stocking on the affected leg for at **least 2 weeks** post-surgery to help reduce the swelling in your knee. Please remove before going to sleep and put on each morning.
3. Elevate your leg when resting to help reduce swelling.
4. Use an ice pack on your knee 3 or more times a day for 10-20 minutes to assist with swelling and pain.
5. Weight bear as tolerated with crutches. Your knee will be in a brace at all times to keep your leg out straight. You may remove this for showering and sleeping only.
6. Rehabilitation begins the day after your surgery. You should have an appointment already booked with your Physiotherapist who will guide you through your exercise program. Attached is Dr Bhimani's physiotherapy protocol for your reference, these are not meant to be strict and your progress may be faster or slower depending on the response of your knee.
7. Take your pain medication. You will have had some local anaesthetic in your knee from surgery, however when this wears off you may experience pain. You will have been given a prescription for pain medication. Have this filled before going home so you have it on hand when you need it. Dr Bhimani advises his patients to take their prescribed analgesia and anti-inflammatory regularly for at least 2-3 weeks before starting to wean. Taking adequate pain relief will assist you with your exercise program and return to normality.

Post-operative appointment

Please call 02 42299116 to make a follow up appointment 10-14 days from the day of surgery. At this appointment your sutures removed, your progress assessed and expectations discussed.

Warning Signs

Please contact Dr Bhimani's office or seek medical advice if you experience any of the following:

Fever, chills, persistent discharge from your incisions, increasing pain or excessive bleeding.

Patella Stabilisation with Tibial Tubercle Osteotomy

Protocol for Physiotherapists

The goal of patella stabilisation surgery is to restore normal alignment and tracking of the patella. This will eliminate irritation caused by instability and prevent the likelihood of recurring dislocation. Return to sports and pain is usually dependent on the severity of Patellofemoral arthritis within the patient's knee. A discussion with the surgeon and a clearance by the physiotherapist is advised before starting any sport specific training.

Progression through this rehabilitation program will vary depending on pre-operative strength and function. It is a guide only and must be adjusted on an individual basis taking into account pain, pathology, work and other social factors.

Dr Bhimani advises that supervised Physiotherapy should commence the day after surgery. If you have any concerns during your client's care please do not hesitate to contact Dr Bhimani through his office on 02 42299116.

NOTE: ALL EXERCISES MUST BE COMFORTABLE AND NOT CAUSE AN INCREASE IN SWELLING.

Acute (0-3weeks)

Goals:

- Wound healing (keep dry)
- Reduce swelling
- Reduce pain (prescribed analgesia advised for 2-3 weeks post op to assist with exercises).
- Initiate knee motion
- Promote muscle control

Treatment Guidelines

- Pain and swelling reduction with ice, compression stocking, intermittent pressure pump, regular rest and elevation.
- Range of movement exercises.
- Activate Quads
- WBAT in Zimmer splint
- Knee brace to keep knee in extension whilst mobilizing except with showering and sleeping.

Stage 2 (3-6 weeks)

Goals:

- Protect patellar re-alignment

Ensure wound healing

- Maintain full extension
- Initiate ROM exercises
- Minimal pain and effusion
- Promote activation of Quadriceps muscle

Treatment Guidelines

- Daily scar massage
- WBAT in Zimmer splint
- Active and passive ROM (0-90). Do not overload PF.
- Commence Stationary bike.
- Hamstring and gluteal stretches

Stage 3 (6 -12 weeks)

Goals

- Full weight bearing
- Full ROM
- Improve strength and muscle control
- Avoid patellofemoral overload

Treatment Guidelines

- Gait training, wean Zimmer
- Improve ROM aim for full range
- Improve quads strength try to minimise PF overload
- Gluteal and hamstring stretches.
- Continue strength and proprioception.

Stage 4 (3 months +)

Goals

- Improve leg strength
- Develop confidence in the knee
- Regain proprioception and agility
- Avoid PF overload

Treatment guidelines

- Progression of gym-based rehabilitation as above with increased resistance.
- Work on mini trampoline for proprioception.
- Swimming and cycling.
- Avoid lunges, deep squats, hill training to reduce PF loading and progression of osteoarthritis.
- Commence jogging around 12-16 weeks post operation if strength and swelling are satisfactory.

NOTE: If returning to sports will need to have all mile stones met and be cleared by Physiotherapist and/or Dr Bhimani.