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Posterolateral Corner Reconstruction Postoperative Instructions

General

A family member or caregiver may need to assist you for the next few weeks.

- Helps with basic movement and function
- Helps with household chores
- Helps ensure all medications are administered
- Helps provide emotional support for daily life and rehabilitation

Furniture may need to be rearranged to avoid tripping and falling.

In general, the more you are up and ambulating, the better you will do.

Ice for 20 minutes at a time, waiting at least 1 hour in between sessions.

Activity

Non-weight bearing to the operative leg. The brace must be on and locked in extension at all times.

Do:

- Use crutches to aid with ambulation.
- Wear the brace at all times, except for showering. This includes wearing the brace while sleeping.
- Keep the brace locked in extension. It may be unlocked during physical therapy (by the therapist) only.
- Consider tools to help you reach objects without having to bend down yourself.
- Follow your physical therapist's instructions.

Do Not:

- Walk with the brace off
- Bend down or reach out to grab items

Wound Care

Unless otherwise noted, your surgical site was closed with all-absorbable sutures under the skin, with steri-strips over top to seal the incision. A large, sterile soft dressing was placed in the operating room.

- On day 3, remove the ACE wrap and gauze. Leave the steri-strips in place. They will fall off after several weeks. Redress with large band-aids or island dressings daily.

Some drainage is normal for the first few days postoperatively.

- Excessive drainage that does not slow down after a few days is worrisome. Please call the office with any questions or concerns.

Some redness around the incision is also normal in the first week postoperatively.

- If the wound becomes progressively more red, swollen, or painful after several days, please call the office.

Medications

Unless otherwise noted, you will be given prescriptions for the following medications:

Aspirin 81 mg daily (6 weeks total)

- Helps prevent blood clots postoperatively



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Acetaminophen (Tylenol) 1000 mg every 6 hours

- This high dose, combined with gabapentin and celecoxib, works very well for pain without the need for opioids.
- Do not exceed 4000 mg in a single day

Gabapentin (Neurontin) 100 mg three times daily

- Works along with acetaminophen and celecoxib
- May make you drowsy
- Easiest to take with breakfast, lunch, dinner

Celecoxib (Celebrex) 100 mg twice daily

- Works along with acetaminophen and gabapentin
- Stay hydrated while on this medication
- Easiest to take with breakfast and dinner

Oxycodone (Roxicodone) 5 mg every 6 hours as needed

- Strong pain medication that can cause addiction
- Indiana law only allows prescription of 1 weeks' worth of narcotics
- Only use this as a last resort
- May cause nausea, constipation, drowsiness, altered mentation
- The goal is to completely avoid taking this medication

Docusate (Colace) 100 mg twice daily

- This helps prevent constipation associated with oxycodone

Ondansetron (Zofran) 4 mg dissolved on tongue every 6 hours as needed for nausea

- For postoperative nausea

Showering

You may shower on postoperative day 3

- Remove dressing. Leave steri-strips in place.
- Let water run over the incision. Do not vigorously scrub. Pat dry.

Do NOT soak or submerge under water (bath tub, hot tub, pool).

- Until wound is completely healed (usually around 6 weeks)

Driving

You may return to driving if:

- You are completely off narcotic pain medications
- Strength and reflexes are back to normal
- Typically no earlier than 2 weeks postoperatively

Follow-up

Dr. Baessler will see you back in the office 2 weeks postoperatively for a wound check.