

FEMORAL DEROTATIONAL OSTEOTOMY

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	The thigh bone just above the knee is cut, the lower part is rotated to the correct position, and it is held with a plate and screws
HOW LONG	About 2 hours
ANESTHESIA	Anesthesia for surgery, with pain medicine given during surgery. No nerve block
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Hinged brace, locked for walking until your quad is strong, and crutches. Full weight from day 1. PA visit at 2 weeks
PHYSICAL THERAPY	Starts 5 to 7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5 to 7 days after surgery. You will get the referral at your pre-op visit.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.
- **If you smoke, stop completely** at least 2 weeks before surgery, and do not smoke for at least 3 months after.

About Your Condition

A **femoral derotational osteotomy (FDO)** corrects a twist in the thigh bone (femur) by precisely cutting and rotating the bone.

In some patients the femur is twisted inward more than normal (**excessive femoral anteversion**). This turns the groove the kneecap rides in and pulls the kneecap toward the outside of the knee. The kneecap is then more likely to dislocate or cause pain at the front of the knee.

An FDO cuts the femur just above the knee and rotates the lower part to the correct position. This improves how the kneecap tracks at the level of the bone.

Why surgery: an FDO corrects the twist in the bone itself, which soft-tissue surgery alone (such as MPFL reconstruction) cannot fully do.

About Your Surgery

Through an incision on the outer side of the lower thigh, the femur is cut just above the knee. The lower part of the bone is rotated to the planned position and secured with a **plate and screws**. The plate holds the bone firmly, so **you can put weight through your leg from day 1**.

I confirm and measure the twist with a CT scan before surgery, and use it to plan the exact correction.

Other procedures are possible at the same time. FDO is often combined with **MPFL reconstruction** for complex kneecap instability. Your recovery plan stays the same. Surgery usually takes about **2 hours**. It is an outpatient surgery at Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), and you go home the same day.

Risks of surgery

Infection, blood clots, numbness around the incisions, stiffness, delayed healing, overcorrection or undercorrection of the rotation, hardware irritation, and continued pain. Smoking impairs healing. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website explains leg alignment, the types of osteotomy, and what recovery looks like in more detail. merrittsurgery.com/surgeries/alignment-osteotomy



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, and limited motion are normal after surgery. You will be in a hinged knee brace and use crutches. For walking, the brace is **locked straight until you can do a straight-leg raise without the knee sagging (no lag)**, then unlocked. Once unlocked, there is no limit on the hinge. The brace is for walking: you do not need it for sleep. **The crutches come off first, then the brace.**

You can put weight through your leg from day 1. The plate holds the bone firmly. Your crutches support you while your quad wakes up.

Your jobs in the first weeks

- **Wake up your quad from day 1.** This is the most important thing you can do. **Quad sets every hour**, plus electrical muscle stimulation (NMES) that your therapist starts at PT.
- **No isolated hamstring exercises for the first 2 weeks.** The muscles and soft tissue near the bone cut need 2 weeks to heal. Gentle hamstring work begins after week 2.
- **No squats, lunges, or step-ups for the first 6 weeks.**
- **Ice 20 minutes on, 20 minutes off.** Keep the knee fully straight from day 1: no pillow under your knee.
- **Bending progresses as comfort allows.** There is no set limit, but don't force it. No loaded bending past 90° (such as deep squats) until X-rays show the bone has healed, usually at 8–12 weeks.
- **Physical therapy** starts 5 to 7 days after surgery, **2 times a week.** You will get a PT referral at your pre-op clinic visit. Schedule your first visit before surgery.

Your recovery may be faster or slower depending on your overall fitness and any additional injuries.

When	What to expect
Weeks 1–6	Full weight as tolerated with crutches from day 1: the crutches support you while your quad wakes up. Brace locked for walking until your straight-leg raise has no lag, then unlocked (no hinge limit). Quad sets every hour; electrical stimulation and kneecap mobilization at PT. No isolated hamstring exercises for the first 2 weeks. No squats, lunges, or step-ups. Bending as comfort allows. PT 2× a week. PA visit at 2 weeks. Most people are off crutches by weeks 4–6 ; the brace stops after the crutches.
Weeks 6–12	Full weight without crutches and a normal walking pattern. Mini-squats, leg press, step-ups, and stationary bike with light resistance begin. Squats past 90° only after X-rays confirm healing (usually 8–12 weeks). Hamstring strengthening progresses.
Months 3–5	Progressive strengthening: squats, step-downs, single-leg work, and balance training. Elliptical, pool, and bike for fitness. Jumping drills on both legs from about month 4. Running begins around months 4–5 once strength goals are met. Limb symmetry testing guides progression.
Months 5–12	Straight-line sport around 6 months. Cutting and pivoting sports around 9 months , with X-ray healing, surgeon clearance, and strength and hop testing (≥90% limb symmetry). Most patients reach full function by 9–12 months.

Driving

- **Right leg:** you must be off crutches, have the brace unlocked or off, be off narcotic pain medicine, and be able to brake hard. Usually about 4–6 weeks.
- **Left leg (automatic car):** 2–4 weeks, once you are off narcotic pain medicine.

Hardware: the plate and screws can stay in permanently. If they cause irritation, removal is a straightforward outpatient procedure once the bone is fully healed, usually after 12–18 months.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.
- **No anti-inflammatory medicines.** Stop ibuprofen (Advil, Motrin), naproxen (Aleve), meloxicam, celecoxib (Celebrex), diclofenac, and anti-inflammatory creams and gels such as Voltaren **7 days before surgery**, and do not take them for **6 weeks after surgery**. They can slow bone and cartilage healing. The low-dose (81 mg) aspirin we prescribe after surgery is different: take it as directed.

Physical therapy before surgery (prehab)

Starting physical therapy before your surgery helps you recover faster afterward. Focus on decreasing swelling, activating the quadriceps, restoring range of motion, and improving overall strength. **Start prehab as soon as possible.**

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Stop smoking

Smoking significantly impairs bone healing and increases the risk of infection. If you smoke, stop at least **2 weeks before surgery** and do not smoke for at least **3 months** after.

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Bring your brace (you will be fitted at your pre-operative visit)
- ☐ Wear comfortable clothes that fit over a brace (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055