

OPENING-WEDGE HIGH TIBIAL OSTEOTOMY

Your First Two Weeks After Surgery

Your surgery is done, and now the recovery starts. This guide walks you through the first two weeks, from the day of surgery until **your PA visit at 2 weeks** (your follow-up with our physician assistant). Keep it somewhere handy. It answers most of the questions patients call us about. Your medicines are covered in the separate **Medication Guide** that comes with it.

YOUR PLAN AT A GLANCE

WEIGHT ON YOUR LEG	Toe-touch only (about 10 to 15 pounds, for balance) until your 6-week X-ray
BRACE	Unlocked from day 1 , hinge opened by week. On for walking and sleep
BENDING	90° by 1 week, 105° by 2 weeks, 115° by 3, 125° by 4
STRAIGHTENING	Fully straight is a top priority. No pillow under your knee
MEDICINES	No anti-inflammatories for 6 weeks. Keep taking your aspirin
PHYSICAL THERAPY	Starts 5 to 7 days after surgery , 2 times a week
SHOWERING	After 48 hours , incision covered. No baths or pools for 4 weeks
FOLLOW-UP	Your PA visit at 2 weeks
QUESTIONS	(425) 656-5060 , day or night

What We Did

Your leg was slightly bow-legged, so your weight was wearing out the inner side of your knee. In a **high tibial osteotomy (HTO)**, we cut the top of your shin bone (tibia), **opened it into a small wedge** to straighten the leg, filled the gap with bone graft, and held it with a **plate and screws**. The correction was planned ahead of time from a CT scan, using a custom 3D-printed guide. Your knee was not replaced. It was rebalanced, so your weight now travels through the healthier side.

The bone graft in the gap **can't carry your weight yet**. New bone takes about 6 weeks to start bridging it. Weight on the leg too early can collapse the wedge or break the hardware. That is why the toe-touch rule matters, even when your knee feels good.

Your three jobs for the next two weeks

- **Protect the bone: toe-touch only.** Your crutches carry your weight every single step. This is the most important rule of your recovery.
- **Get the knee fully straight, and keep it straight.** A knee that stiffens bent is very hard to fix later.
- **Wake up your quad** (the big muscle on the front of your thigh). Ice, elevation, and hourly quad exercises turn it back on.

Day by Day

What to do, and what to expect, from the day of surgery to your PA visit.

DAY 0

The Day of Surgery

Goal: Rest, ice, elevate, and keep the knee straight.

Rest today. The main goal is to **prevent swelling and pain** and get your recovery started. **Icing and elevation** are the two best ways to do that.

- **Keep the knee straight.** When lying in bed or on the couch, put a pillow **under your calf**, not under your knee. The knee should rest fully straight. This position is uncomfortable at first, but it is the most important position for your recovery.
- **Ice right away.** Put the ice machine pad directly over the ACE wrap. The dressing protects your skin. Use it **20 minutes on, 20 minutes off**.
- **Toe-touch only.** When you get up to use the bathroom, your foot can rest on the floor with about 10 to 15 pounds, for balance, but the crutches carry your weight. Have someone nearby the first few times.
- **Avoid sitting with your leg down or walking too much** today. Both increase swelling and pain.
- **Your leg will feel heavy.** Have someone help you move it, or loop a towel around your heel to lift it.
- **Ankle pumps:** point and flex your foot 20 times every hour you are awake. This keeps blood moving in your calf.

Your nerve block

Before surgery you had a **saphenous nerve block**, numbing medicine placed near a nerve on the inside of your thigh. It numbs the inside of your knee and shin and usually wears off **12 to 24 hours** after surgery. Pain often climbs the first night as it fades. **Take your pain medicine before bed on the first night, even if you feel fine.** It is much easier to stay ahead of pain than to catch up to it. Numb skin can't feel when it is getting too cold, so **never put ice directly on bare skin.**

Before bed tonight

- ☐ Pain medicine taken
- ☐ Ice machine on, leg elevated on a pillow under the calf
- ☐ Ankle pumps done
- ☐ Brace on for sleep, unlocked
- ☐ Crutches next to the bed, and a clear path to the bathroom

DAY 1

The Day After Surgery

Goal: Take off the bulky dressing, refit the brace, and start moving.

1 Remove the bulky dressing

Take off the brace and remove the ACE wrap. **Save the ACE wrap.** Under it are gauze pads. Some dried blood on the gauze is normal. Throw the gauze away. Your incision is on the front and inner side of your upper shin. Your incision was closed with **dissolving stitches under the skin** and a layer of **skin glue** on top. **Leave the glue alone.** Put a **clean, dry gauze pad** over the incision as needed, and hold it with the ACE wrap. **No creams, lotions, or ointments** on the knee for 4 weeks.

If the gauze is soaked through or the incision is actively dripping, call **(425) 656-5060**.

2 Refit the brace

Put the brace back on, unlocked, with the hinge set at 0 to 90° for the first week. It will feel loose now that the dressing is off. Undo the Velcro and shorten the straps to snug it up. If a strap or hinge rubs on the incision, wrap the ACE wrap between your skin and the brace.

3 Start bending your knee

Take the brace off for this, lying down.

- Lie on your back in bed.
- Slide your heel toward you along the bed, using your hands or a towel around your foot to help. Let gravity and your hands do the work.
- Goal: **90° (a right angle) by the end of week 1**, and **105° by 2 weeks**. Then 115° by 3 weeks and 125° by 4 weeks. Don't force past these goals, but don't fall behind either.
- You will feel pressure in the knee. That's okay, but there is no need to force it. Use common sense.
- Repeat several times a day, then put the brace back on.

The two positions for your knee

Your knee should be in one of two positions: **out straight, or working on motion**. The most comfortable position is "slightly bent," with a pillow under the knee. **Avoid that position**. Either keep the leg straight or work on bending.

4 Wake up your quad

- **Quad sets:** With your leg straight, tighten the muscle on the front of your thigh by pushing the back of your knee down into the bed. Try it on your other leg first to feel what it should feel like. Hold 6 to 10 seconds, then relax. Do sets of 10 to 15, **every hour you are awake**.
- **Straight-leg raises:** Once you can tighten your quad, lift the straight leg 6 to 12 inches off the bed and hold. You may not be able to do this at first. Your strength will come back.
- **Electrical stimulation (NMES):** A small device that makes the quad muscle contract. It is one of the best tools for waking up the quad after this surgery. Your therapist provides it and starts it at PT. You don't need a unit at home.
- **No hamstring curls** (bending your knee against resistance) for the first 6 weeks.

Toe-touch weight bearing, explained

Rest your foot flat on the floor with **about 10 to 15 pounds, for balance**. Your hands and the crutches carry the rest. Use **two crutches every time you are up**, even for a few steps. The brace does not protect the bone from your weight. Only the crutches do.

DAYS 2–7

The Rest of the First Week

Goal: Toe-touch only, straight knee, quad firing, physical therapy started.

- **Ice 20 minutes on, 20 minutes off**, as often as you can while you are awake. Swelling control is what lets your quad turn back on.
- **Keep working on straightening** and bending toward 90° by the end of the week, with the technique above.
- **Quad sets every hour** you are awake, and straight-leg raises several times a day.

- **Start physical therapy 5 to 7 days after surgery.** Bring your PT prescription and protocol. Take your pain medicine about 30 to 60 minutes before PT if motion is painful.
- **Shower starting 48 hours after surgery**, with the incision covered. See the Frequently Asked Questions.
- **Swelling peaks around days 2 and 3**, and bruising may creep down to your ankle. Both are normal. Keep icing and elevating.
- **Toe-touch with two crutches**, short trips around the house only. Rest with the leg elevated in between.
- **Start cutting back the narcotic pain medicine** as the pain allows. See your Medication Guide.
- **No smoking or nicotine for at least 3 months.** Smoking is the biggest reason an osteotomy fails to heal. If you need help quitting, let us know.

WEEK 2**Until Your PA Visit**

Goal: Straight knee, bending toward 105°, quad getting stronger, bone protected.

- **Still toe-touch only.** Feeling better is not a sign the bone is ready. The 6-week X-ray decides when you can put more weight on the leg.
- **Keep the knee fully straight.** This stays a top priority.
- **Bending:** aim for **105° by your PA visit.** Then 115° by 3 weeks and 125° by 4 weeks. If you are falling behind, tell your therapist and us.
- **Brace:** on for walking and sleep, unlocked. Open the hinge to 0 to 105° for week 2, then fully open after that.
- **School or desk work:** most people need about 2 to 3 weeks, and only if they can keep the leg up and get around safely on crutches.
- **Keep going to PT** 2 times a week and doing your home exercises.

Your PA visit at 2 weeks

We will check your incision, check your motion and quad strength, review how PT is going, and answer your questions. Write your questions down as they come up, and bring this guide and your brace.

Managing Pain

Your medicines are explained on the separate **Medication Guide** that comes with this packet. Medicine is only one of the tools you have. These have been shown to lower pain and the amount of narcotic medicine people need:

- **Ice, elevation, and taking your Tylenol on schedule.** These are your best tools for pain and swelling. Take the Tylenol every 8 hours for the first 2 weeks, even if you feel okay.
- **No anti-inflammatory medicines for 6 weeks** (ibuprofen, naproxen, meloxicam, Celebrex, or gels like Voltaren). They can slow bone and cartilage healing. Keep taking your 81 mg aspirin.
- **Mindfulness meditation** has been shown to help with pain after surgery. Guided meditations are free at mindfulness-for-pain.mindful.org.
- **Listening to music** lowers pain levels and the need for narcotic pain medicine after surgery.
- **Accept that some pain is part of healing.** Your body sends blood flow and energy to the areas that hurt, and that is part of recovery. After the first couple of days, our goal is a pain level of about **6 out of 10 with medicine**. "Zero pain" is not the goal.

Expect pain to be worst on days 2 and 3. Most patients feel pretty good the day of surgery because of the numbing medicine used during surgery. Then things get sorer before they get better. This is normal and it passes. Without an anti-inflammatory, some people need the narcotic a little longer. Call us during business hours before you run out.

Constipation

Narcotic pain medicine commonly causes constipation. Try these in order:

1. Cut back on the narcotic pain medicine if your pain allows.
2. Drink plenty of water and other decaf fluids.
3. Eat dried prunes or drink prune juice.
4. Take Senna (Senokot), an over-the-counter laxative.
5. Add Miralax, a stronger over-the-counter laxative.
6. If you have not had a bowel movement in 5 days, call the office.

Your Ice Machine

If you have an ice machine (most of our patients have the **Breg Polar Wave**), **use it a lot**. It is one of the most effective tools you have for swelling and pain, especially in the first two weeks.

- **Use it 20 minutes on, 20 minutes off**, as often as you can while you are awake.
- **Day of surgery:** Put the pad on right over the ACE wrap and bandage. The dressing protects your skin.
- **Compression is fine from day one.** If your machine has a compression setting, use it. Cold plus compression controls swelling better than ice alone.
- **After the bulky dressing comes off:** Always keep a thin layer (a t-shirt, pillowcase, or the ACE wrap) between the pad and your skin. Check your skin each time you take the pad off.
- **Keep the leg elevated while icing.** Ice works best when the leg is above your heart.
- **No ice machine?** Bags of ice or frozen peas wrapped in a thin towel work well, on the same 20 minutes on, 20 minutes off schedule.

Eat to Heal

What you eat has a **direct effect on how well and how fast you recover**. After surgery your body breaks down muscle to get the building blocks it needs for healing. Good nutrition lets it rebuild instead.

- **Protein:** Aim for 1.6 to 2.0 grams per kilogram of your ideal body weight each day. Most people eat far less. A protein shake is an easy way to close the gap when your appetite is low.
- **Creatine:** 10 grams a day. It helps muscle energy and lowers inflammation, and it is one of the most studied and safest supplements. Let your other doctors know you take it, since it can raise a kidney number (creatinine) on blood work.
- **Vitamin D:** 2,000 to 5,000 IU a day. Important for bone healing and your immune system.
- **Vitamin C:** 500 mg twice a day. Your body needs it to make collagen, the protein that holds tendons, ligaments, and your repair together.
- **Collagen peptides:** 10 to 20 grams a day, taken with the vitamin C.
- **Water:** 8 to 10 glasses a day. Well-hydrated patients have less pain, nausea, and fatigue.

The full nutrition guide is at merrittsurgery.com/surgeries/nutritional-optimization

Is This Normal?

Use this page to decide whether to wait it out, call us, or call 911.

OK NORMAL

NORMAL — expected after surgery

- **More swelling on days 1 to 3** than on the day of surgery
- **Bruising** that spreads down the shin, calf, ankle, and even the foot over the first week (gravity pulls it down)
- Some **bloody fluid** on the bandage for the first 24 to 36 hours
- A **low fever up to 100.5°F** for the first 2 to 5 days. Deep breaths help bring it down
- **Numbness** around the incision and nearby skin. It usually improves, but can take 6 to 12 months
- A **warm** knee for several weeks
- Trouble sleeping, low energy, or feeling down for a few days

CALL CALL US

CALL US — (425) 656-5060

- **Temperature of 101.5°F or higher**, or shaking chills
- **Redness that spreads** away from an incision, or drainage that is cloudy, smells bad, or soaks the gauze
- Any drainage that **starts or continues after day 4**
- **Calf pain or swelling that keeps getting worse**, especially if it is only in one leg
- Pain that is **not controlled** by your medicines
- Nausea or vomiting that keeps you from keeping down fluids or medicine
- **Unable to urinate** for 8 hours after surgery
- **Black or tarry stools**, vomiting blood, or bleeding that won't stop
- **Foot that is numb, tingling, cold, or pale** and doesn't improve after loosening the brace and wrap

911 EMERGENCY

CALL 911

- **Chest pain**
- **Shortness of breath** or trouble breathing
- Coughing up blood
- Fainting or passing out
- **Very sleepy, hard to wake up, or slow or shallow breathing** (possible narcotic overdose)
- Swelling of the face, lips, or throat, or a widespread rash (allergic reaction)

Don't see an answer to your question here?

Call our office at **(425) 656-5060**, day or night
Learn more at **merritsurgery.com**

Frequently Asked Questions

How much weight can I put on my leg?

Toe-touch only, for 6 weeks. Your foot can rest on the floor with about 10 to 15 pounds, for balance, but the crutches carry your weight. At 6 weeks we take an X-ray. If it shows new bone bridging the gap, you add weight in steps: about 25% of your weight at 6 weeks, 50% at 8 weeks, 75% at 9 to 10 weeks, and full weight at 10 to 12 weeks. Most people are off crutches around 10 to 12 weeks.

When do I need the brace?

Whenever you are **up and walking, and while you sleep**. It is unlocked from day 1. The hinge is set at 0 to 90° the first week, 0 to 105° the second week, then fully open. Take it off for showering, your bending exercises, PT, and resting on the couch or bed with the leg straight. When you start adding weight after the 6-week X-ray, it stays unlocked if you can do a straight-leg raise without the knee sagging. If you can't yet, lock it straight for walking until you can. You stop the brace after you are off crutches, usually around 10 to 12 weeks.

When can I shower?

Starting **48 hours after surgery**. Cover the incision with a waterproof bandage or plastic wrap taped at the edges until your PA visit, and sit on a shower chair or bench so you don't put weight on the leg. Take the brace off, keep the leg straight, and put the brace back on after. If the incision gets wet, pat it dry. **No baths, pools, or hot tubs for 4 weeks**, until the incision is fully healed.

Do I need stitches out?

No. Your incision was closed with dissolving stitches under the skin and skin glue on top, so **nothing needs to be removed**. Don't pick at the glue. We will check the incision at your PA visit.

How do I do stairs on crutches?

"Up with the good, down with the bad." Going up, step up with your non-surgery leg first, then bring the crutches and surgery leg up. Going down, put the crutches and surgery leg down first, then step down with your good leg. Keep the surgery foot at toe-touch the whole time. Use a handrail whenever there is one. Many people find it easier to go up and down on their bottom the first couple of weeks.

When can I drive?

Right leg: not until you are off crutches, the brace is unlocked or off, you are off narcotic pain medicine, and you can brake hard. That is usually about 10 to 12 weeks. **Left leg (automatic car):** usually around 4 weeks, once you are off all narcotic pain medicine. There is no set date, and it is not up to your surgical team to release you. The rule is that you must be a safe, unimpaired driver. Surgery and pain medicine both cause impairment, so use good judgment.

When can I go back to school or work?

Desk work or school usually 2 to 3 weeks after surgery, if you can keep the leg elevated and get around safely on crutches. Jobs that involve standing, walking, or lifting take much longer, because you can't put weight on the leg until after the 6-week X-ray. We'll plan that together at your visits.

Can I travel or fly?

Long trips raise the risk of blood clots, especially when you can't put weight on the leg. Avoid them in the first two weeks. If you must travel, get up every hour, do ankle pumps often, keep taking your aspirin, and let us know before you go.

Will the plate and screws stay in?

Most people keep them for life. About 1 in 5 feel the plate rubbing under the skin. If so, it can be removed in a short outpatient surgery after the bone is fully healed, usually 12 to 18 months later.

How do I get a refill?

Call **(425) 656-5060** during business hours, Monday through Friday, a day or two before you run out. Narcotic pain medicine cannot be refilled after hours or on weekends. You can also ask at your PA visit.

YOUR MEDICATION GUIDE

Cartilage and Osteotomy

After surgery you go home with a small team of medicines. **Each one has a specific job**, and they work best together. This guide explains what each medicine is for, how to take it, and when to stop. Your prescription labels have your exact doses. If anything here differs from your label, follow the label and call us.

No anti-inflammatory medicines for 6 weeks

- Anti-inflammatory medicines can slow **bone and cartilage healing**. Do not take ibuprofen (Advil, Motrin), naproxen (Aleve), meloxicam, celecoxib (Celebrex), diclofenac, or anti-inflammatory creams and gels such as Voltaren.
- This includes any anti-inflammatory you usually take. You should have stopped it 7 days before surgery. We will talk about restarting it at your 6-week visit.
- **Keep taking your 81 mg aspirin** (unless we gave you a different blood thinner plan). It is a low dose that prevents blood clots, and it is part of your plan.
- Many cold, flu, and sleep medicines contain ibuprofen or naproxen. Check the label, or ask your pharmacist.

Your Medicines at a Glance

These are my standard medicines after this surgery

Your plan may be different because of your allergies, your health history, or a different plan for pain or blood thinners (anticoagulation). If we discussed a different plan with you, follow that plan and your prescription labels.

Type	Medicine	Its job	How to take it
PAIN	Acetaminophen (Tylenol)	Your main everyday pain medicine. Because you are not taking an anti-inflammatory, taking it on schedule matters more.	Every 8 hours for 2 weeks, then as needed
CLOTS	Aspirin 81 mg baby aspirin	Thins the blood slightly to prevent blood clots after surgery while you are less active.	Twice a day, unless you were given a different blood thinner plan
PAIN	Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)	Takes the edge off strong pain so you can rest, sleep, and do your exercises.	As needed
HELPER	Anti-nausea medicine ondansetron (Zofran) If prescribed	Settles nausea from anesthesia or the narcotic.	As needed
HELPER	Miralax and Senna	Treat constipation from the narcotic, if it happens.	Only if constipated
HELPER	Omeprazole 20 mg Prilosec	Protects your stomach if the aspirin upsets it.	Only if stomach upset

A Typical Day

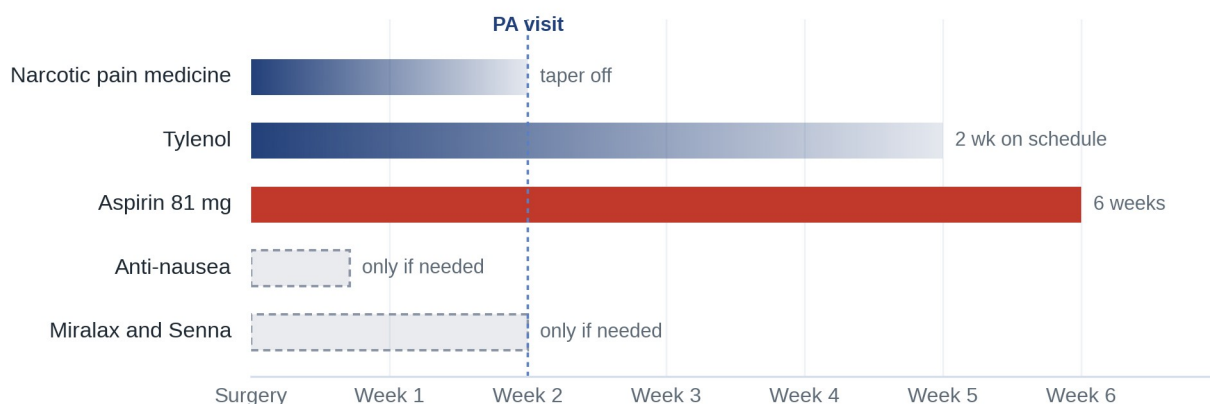
Scheduled medicines, spread through the day. Take the morning and bedtime doses with food or a snack.

Medicine	Morning with breakfast	Afternoon around 3 pm	Bedtime with a snack
Acetaminophen (Tylenol)	●	●	●
Aspirin 81 mg	●		●

Only when needed: Narcotic pain medicine; Anti-nausea medicine; Miralax and Senna; Omeprazole 20 mg.
Follow the label for how often.

How Long to Take Each One

Solid bars: take every day for the full time. Fading bars: taper off as you feel better. Dashed: only if needed.



Stop them in this order

- 1. Narcotic first.** Most people are off it within 1 to 2 weeks.
- 2. Tylenol on schedule for 2 weeks,** then only as needed until your pain is manageable without it.
- 3. Aspirin at 6 weeks. Always finish the full course.** It protects against clots while your weight bearing is limited or your bone is healing.
- 4. No anti-inflammatory until we say so** at your 6-week visit.

Each Medicine in Detail

Acetaminophen (Tylenol)

Its job: Your main everyday pain medicine. Because you are not taking an anti-inflammatory, taking it on schedule matters more.

How to take it: Take **1,000 mg (two 500 mg tablets) every 8 hours, on a schedule, for the first 2 weeks**. After that, take it as needed until your pain is manageable without it.

- **WARNING: Never take more than 3,000 mg of acetaminophen in a day from all sources combined.** Too much can seriously damage your liver.
- Some narcotic pills (such as Norco or Percocet) and many cold and flu medicines also contain acetaminophen. If yours does, it counts toward the 3,000 mg. We usually prescribe plain oxycodone for this reason. If you are not sure, ask your pharmacist or call us.

Aspirin 81 mg baby aspirin

Its job: Thins the blood slightly to prevent blood clots after surgery while you are less active.

How to take it: Unless we have discussed a different blood thinner plan with you, take **1 tablet twice a day** (morning and evening) for **6 weeks**. Finish the whole course, even if you feel great.

- **Some patients get a different blood thinner instead of aspirin**, for example if you already take one (such as Eliquis, Xarelto, or warfarin) or need a stronger one after surgery. If we have discussed a different plan with you, follow that plan instead of these aspirin instructions, and do not take aspirin on top of it unless we tell you to.
- If it upsets your stomach, take omeprazole (below).

Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)

Its job: Takes the edge off strong pain so you can rest, sleep, and do your exercises.

How to take it: Take as directed on the bottle, **only as needed** for pain. Use the lowest dose that keeps your pain around 6 out of 10.

- **Do not drive**, drink alcohol, or take sleeping pills or anxiety medicine (like Ambien or Xanax) while taking it.
- It causes constipation. See Miralax and Senna below.
- Without an anti-inflammatory, some people need it a little longer. **Call us during business hours before you run out** if you still need it.
- Store it out of reach, and take any leftovers to a pharmacy drop box when you are done.

Anti-nausea medicine ondansetron (Zofran)

If prescribed

Its job: Settles nausea from anesthesia or the narcotic.

How to take it: Take as directed, **only as needed** for nausea. The dissolving tablet goes on your tongue if you can't keep pills down.

Miralax and Senna (over the counter)

Its job: Treat constipation from the narcotic, if it happens.

How to take it: **Only if you become constipated**. Start with Senna, and add Miralax if you still need it. Follow the package directions, and see the constipation steps in your post-op packet. Stop when you stop the narcotic.

Omeprazole 20 mg (over the counter) Prilosec

Its job: Protects your stomach if the aspirin upsets it.

How to take it: **Only if you get an upset stomach or heartburn:** take 1 capsule once a day, 30 minutes before breakfast.

- If you already take a stomach medicine (Prilosec, Nexium, Protonix, Pepcid), keep taking yours instead.

Questions about your medicines?

Call our office at **(425) 656-5060**, day or night.

Refills: call during business hours, a day or two before you run out.

Call 911 for trouble breathing, or swelling of the face, lips, or throat after taking a medicine.