



# *Post Operative Instructions: Posterolateral Corner Reconstruction*

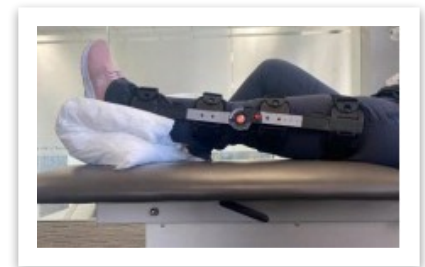
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## ACTIVITY

- You may toe touch weightbear as tolerated while walking with the brace unlocked. You must use crutches to assist with walking.
- Keep your brace locked for the first 48 hours. After this, you may begin bending your knee gradually up to full flexion as tolerated with the brace unlocked for short periods.
- Limit prolonged standing or walking for the first 5–7 days after surgery.
- Avoid long periods of sitting without elevating the leg, and avoid long-distance travel for 2 weeks.
- Do not prop a pillow under your knee. Instead, support your heel so gravity can help fully extend your knee, as shown in the picture below.

## BRACE

- When walking or moving around, the knee brace must be on and locked straight at 0° for the first two days, then unlocked for walking.
- Wear the brace while sleeping, locked in extension, for the first week.
- When sitting or lying down while awake (reading, watching TV, etc.), you may loosen the Velcro straps or remove the brace.



## DRESSING & INCISIONS

- A small amount of red-tinged drainage on the dressing during the first 2 days is normal.
- Keep the dressing clean and dry; protect it while bathing or showering.
- Remove the dressing 4 days after surgery.
- You may apply Band-Aids to the incisions or leave them open to air.
- Do not apply Bacitracin or other ointments.
- Avoid soaking in pools, lakes, hot tubs, or the ocean until sutures are removed and the incision is fully healed.

### Dressing Care – SYLKE Dressing

- A **SYLKE dressing** is a white, silk-like strip approximately **1 inch wide** placed over your incision.
- The SYLKE dressing should be **removed 3–4 weeks after surgery**, unless your surgeon gives you different instructions.

### Showering with the dressing

- You may shower **once the incision is sealed and any immediate postoperative drainage has stopped**, usually around **post-operative day 3–4**.
- The SYLKE dressing is **water-resistant and breathable**, so brief exposure to clean, running water is safe.

- **Do not soak, scrub, or rub** the incision area.
  - After showering, **gently pat the area dry** with a clean towel.
  - Once the initial dressing is removed, **leave the incision open to air** unless otherwise instructed.
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## **PAIN & INFLAMMATION**

### Ice

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

### Compression

- Use an ACE wrap or white stocking to reduce swelling.
- The white stocking should be worn for 5–7 days to help prevent blood clots and reduce knee swelling.

### Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your calf or foot, not under the knee.

### Pain Medications

- Take your prescribed medications as directed.

#### Tylenol (Acetaminophen)

- First-line for pain.
- Take 1000 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 4000 mg per day (limit to 3000 mg/day if you have liver issues).
- Do not drink alcohol while taking Tylenol.

#### Oxycodone

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

#### Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:
  - Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
  - Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
  - Light walking helps stimulate bowel function.

#### Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.
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## **DVT PROPHYLAXIS**

- Take Aspirin 162 mg daily as prescribed.
    - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
    - If you are at higher risk, you may be placed on Lovenox instead. If you are already on anticoagulation, you may have a different plan.
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## **EMERGENCIES**

You must have someone stay with you during the first 48 hours after surgery.

Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
- You develop a fever >101.5°F or chills.
- You experience leg or calf pain, swelling, or difficulty breathing.

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**FOLLOW-UP CARE**

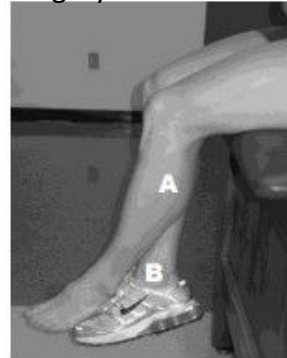
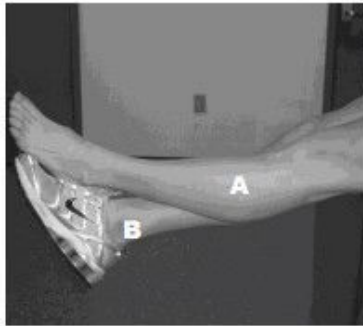
- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).
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## EXERCISES

- When you feel ready, you may perform each exercise 2–3 times per day.
- It may help to take pain medication 20–30 minutes beforehand and apply ice afterward.

### Flexion:

1. Sit in a chair and remove or unlock your brace
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend by doing ALL work with the unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Use the unoperated leg (B) to straighten the knee
6. Perform 10-20 times in a row
7. **Goal = 90° of flexion** (bending) by 2 weeks after surgery



### Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee down into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles

Perform 2-3 sets of 10

### Straight Leg Raises:

1. Lie on the floor with your brace on and locked
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle



Perform 2-3 sets of 10

### Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds

Perform 2-3 sets of 10

