



---

## DR. TYSKLIND'S POST-OPERATIVE INSTRUCTIONS

### **Contact Information:**

Sports medicine clinic: 317-948-2550.

Hours of operation are Monday-Friday 8:00a-4:30p EST

For EMERGENCY at night or on weekend

Page operator: 317-944-5000

Ask to speak with the pediatric orthopedic on-call resident

---

### **Wound Care:**

- ☐ You may remove the dressing on \_\_\_\_\_.
  - Leave white steri strips intact
  - You may shower at this time
  - No need to re-dress, but may put ace wrap back on if desired
- ☐ Leave cast on until post-operative visit. Keep dry

### **Signs of infection:**

- Persistent fever over 101°F
- Marked wound redness
- Excessive wound drainage
- Pus
- Severe pain unrelieved by pain medication

**CONTACT THE OFFICE IF YOU NOTICE THESE SIGNS/SYMPTOMS**

### **Sutures:**

- ☐ Absorbable (under the skin)  
Leave any "tails" in place that may be sticking out, these will be snipped in the office
- ☐ Non-absorbable (outside the skin)  
Leave in place, these will be taken out in the office

### **Ice:**

- ☐ A Polar Cube® has been applied.  
Use on for 30 min, off for 30 min for 7-8 times during the day  
Use consistently for first week, then ween off as pain improves  
No need to wake up during the night to ice
- ☐ Apply ice packs

### **Weight-Bearing:**

- ☐ Weight Bearing as Tolerated.  
Use crutches as needed for pain or limp (usually 3-5 days).  
When pain and limp are improved, then you may walk as tolerated without crutches.
- ☐ Partial Weight Bearing. Use crutches and bear only \_\_\_\_\_% weight for \_\_\_\_\_ weeks.
- ☐ Touch-Down (toe touch) Weight Bearing. Use crutches and bear only minimal weight for balance for \_\_\_\_\_ weeks.
- ☐ Non-Weight bearing until follow-up visit

**Follow-Up Appointment:**

- ☐ Follow-up with Dr. Tysklind \_\_\_\_\_.  
If you do not already have an appointment, call (317) 948-2550 to schedule one.

**Brace:**

- ☐ Hinged Knee Brace.  
Use full-time. Brace locked | unlocked for walking.  
Range of motion in brace \_\_\_\_\_ degrees.  
**Please have brace locked in full extension for 5-6 hours per day in total**  
May remove for showering.
- ☐ Other: \_\_\_\_\_

**Medications:**

- ☐ Oxycodone- prescribed narcotic for pain
- Do not drive or attend school until off this controlled substance for 24+ hours
  - May take every 4-6 hours, BUT this is the MAXIMUM DOSE AND RATE
  - **YOU DO NOT NEED TO KEEP GIVING NARCOTICS THIS MUCH**
  - No interaction with timing of this combined with any of the other recommended medications
  - Make sure to eat prior to taking the pain medication to avoid nausea
  - Ween off medication as pain decreases, should not need narcotic after 7-10 days
- ☐ Valium- prescribed benzodiazepine for muscle spasms
- Do not drive or attend school until off this controlled substance for 24+ hours
  - You may take every 6 hours, as needed
  - **YOU DO NOT NEED TO KEEP GIVING MUSCLE RELAXANTS THIS MUCH**
- ☐ Tylenol- over the counter for pain
- Take every 6 hours
  - Alternate with Ibuprofen (ex: Tylenol at 8, Ibuprofen at 11, Tylenol at 2, etc.)
  - Please follow the dosing instructions on the Tylenol bottle so as not to exceed 3,000mg/day.
    - 650mg Tylenol
    - 500mg Tylenol
    - 325mg Tylenol
- ☐ Ibuprofen- over the counter for pain and swelling
- Take every 6 hours
  - Alternate with Tylenol (ex: Tylenol at 8, Ibuprofen at 11, Tylenol at 2, etc.)
  - Do not take if you have any contraindications to taking this medication (i.e. allergy to the medication, stomach ulcers, or kidney problems)
    - 600mg ibuprofen
    - 400mg ibuprofen
    - 300mg ibuprofen
- ☐ Aspirin- prescribed to prevent deep venous thrombosis (DVT), also known as a blood clot
- Take once a day for 14 days
  - Stop for any gastrointestinal or wound bleeding
- OR**
- ☐ Aspirin is not indicated for this patient
- ☐ Zofran- prescribed for nausea
- Nausea can occur due to the anesthesia. It is also a side effect of oxycodone
  - Take only as needed (PRN)

- ☐ For the first 2 days post-operatively, we recommend setting an alarm to check your pain level every 4 hours, including overnight, for prophylactic pain control

**Swelling:**

Maximal swelling occurs during the first 24-48 hours after surgery. Elevate area above chest level to minimize.

**Driving:**

You may resume driving when you have full control of your limbs and pain free.

**Sports:**

Do not return to sports until you have discussed this on your first post-operative visit.

**Therapy:**

- ☐ No formal physical therapy will be necessary.
- ☐ Formal physical therapy should be arranged to begin within the first 1-2 weeks after surgery
  - The office will send the script and protocol to the PT location of your choosing
  - You will need to call and schedule the visits for 2-3x/ week
- ☐ For the first two weeks until formal physical therapy, you may do the following exercises:
  - ☐ Ankle pumps: Move ankle up and down. 30 reps, 3 times daily.
  - ☐ Quad sets: Contract your quad muscle so that the back of your knee is driven into the bed. 30 reps, 3 times daily.
  - ☐ Straight Leg Raise: On your back with knee straight, lift leg up. 30 reps, 3 times daily.
  - ☐ Patellar Mobilization: Grasp the kneecap and move it up, down, and to both sides as tolerated by pain. 30 reps, 3 times daily.
- If an exercise is very painful, stop doing it or do it within the limits of motion that is not painful.

**Additional Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---