Dr. Lowry’s Post-Op Instructions
LEFT/RIGHT Extensor Mechanism Reconstruction

1. Keep your foot elevated at or, preferably, above heart level with the brace on. This will dramatically help to decrease the expected swelling in your leg/ankle/foot. Remember: you can’t elevate your foot too much & gravity is your enemy.

2. To decrease the risk of a blood clot, you will be given compression stockings & prescribed a daily aspirin; both are to be used for three weeks.

3. Dressings: leave the aquacel dressing on (it’s waterproof); it will be removed in my office at your first appointment in two weeks. Call if: >60% drainage OR the silicone seal is broken on the aquacel dressing. No bathing or swimming for 4 wks after surgery. If you had a drain, the drain site dressing will need to be changed each time you shower. Immediately dab your incision dry, apply a thin layer of Neosporin ointment, place a new bandage & replace the compression stockings.

4. You will also have a “cryo cuff” of “polar care” placed over your dressings. This is a device that circulates cold water around the knee to keep down the initial swelling after surgery. Your nurse will instruct you & your family on how to properly use it. NEVER PLACE IT DIRECTLY ONTO YOUR SKIN. THIS WILL CAUSE BURNS. If you are not given one of these devices, then simply apply two properly sealed ice packs to your knee for 72 hours after your surgery.

5. Use your crutches or walker with full weight on your leg. You will not hurt your new knee by walking on your leg as long as you stay in the brace full-time. If I have concerns about weak bone/construct, then I may modify your weight bearing to “Toe Touch” x 6wks.

6. Please keep the compressive ace wrap and/or compression stockings on your leg x 4 wks. This will dramatically decrease the swelling and risk of blood clots after surgery.

7. You will have Home Health Nursing & Physical Therapy arranged prior to your discharge home. The Home Health PT will not be to intense the first 2 months because you will be locked out in full extension in the brace during this time. Expect: 2x/wk x 2-3 wks. You will then start outpatient PT under my direction for the next 12 wks. However, you may require either a formal transfer to an inpatient rehab hospital or skilled nursing facility. Your Physical Therapist will determine this during your hospital stay & your Case Manager will work with you & your family to find the best facility & agency that meets all of your needs, per my recommendations.

8. THE BRACE: The most important thing to remember is this: **Bending your knee too soon (before graft has healed) is the worst thing that could happen.** So, you must ALWAYS be in your knee brace, except for personal hygiene situations. Progress as your pain dictates with walking, using crutches. You will not hurt the repair by walking on your leg, just as long as you have your brace on.

Dr. Jason K. Lowry, MD FAAOS
• The hinged knee brace will be worn for a **minimum** of 3 months (12 weeks)

• Wks 0-6: locked out in full extension (likely -10 degs of hyperextension)

• Wks 7-8: 0-30 degs only

• Wks 9-10: 0-60 degs only

• Wks 11+: unlocked, continue brace until PT approves of adequate quad function return

9. Please make an appointment within 14 days after you surgery. We will change your dressings at that time. Also, at that visit, we will modify your brace or change your brace to one with hinges on it.

If you have any other questions or concerns please call my clinic.

Sincerely,

Dr. Jason K. Lowry, MD FAAOS, 2