Keck Medicine of USC | Henry Mayo Newhall Hospital | Los Angeles General Medical Center

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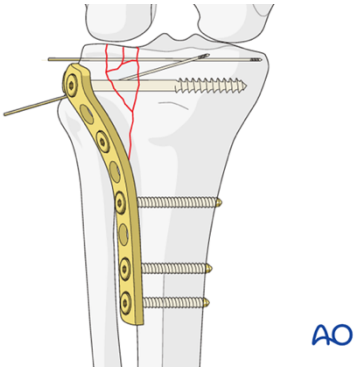
Patient Instructions After Tibial Plateau Fracture Fixation



The tibial plateau is at the upper end of the tibia, or "shin" bone. Along with your femur and patella, it forms your knee joint. The menisci are cushions or bumpers that sit on the tibial plateau and decrease contact forces with the femur during loading. Tibial plateau fractures involve the weight-bearing portion of the proximal tibia. They may involve only one side of the tibia, or they may involve both the inside and the outside of the plateau. The fracture pattern will affect what fixation construct is used.

The goal of surgery is restoration of the joint and alignment. Knees can become stiff, so early motion is important, while maintaining non weight bearing status for 6-8 weeks from surgery. The recovery varies but may take 9-12 months. These are serious injuries. Most patient use a walker or crutches for the first ~3-4 months after surgery.

Post Op Appointment:

Call the office to arrange your post-op appointments. The timeline may vary slightly but most patients will be seen at 1-2 weeks after surgery for a dressing change and wound check by Dr. Blumenthal's Physician Assistant. The first visit with Dr. Blumenthal, at which time x-rays will be taken, is **2-3 weeks after surgery**.

Weight Bearing Restrictions:

Do **not** put weight on your operative leg. You may rest it on the ground. It is ok if you accidentally place a small amount of weight on it, but do your best to use your crutches or walker. Rely on your other, uninjured leg during your early recovery!

Brace:

You will typically be placed in a knee immobilizer or brace after surgery. If you were placed in an immobilizer, you will be transitioned later to a "hinged knee brace" which will be maintained in an "unlocked" position. The brace may be removed for hygiene/showering etc.

Swelling/ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically "20 minutes on 20 minutes off" is quoted but as long as the ice is not directly on your skin, longer will not hurt you. While the splint is in place, ice will not really permeate through it. Once your splint comes off, you may use ice.

Do not be surprised if the swelling goes up before it goes down. The calf and foot may become quite swollen. Keep your **"toes above the nose"** at home. Gravity is your best friend and your enemy! Having the leg in a dependent position will increase swelling and therefore pain. Crank the leg up in the area on pillows as high as you can.

Physical Therapy:

Most patients start PT around 6 weeks after surgery. In the meantime, you should perform gentle exercises on your own. The goal is for patients to be able to achieve 90 degrees of knee flexion by about 2 months from surgery, while they are still non weight bearing. PT may be delayed if your fracture is slow to heal.

Dressings:

Unless otherwise instructed, **post-op dressings will remain on until your first post-op visit. Cover your leg with a shower-proof bag, or use sponge-bathing for the rest of your body.** It can be difficult to keep your dressings dry. Some patients like to dangle their leg outside the shower. Others prefer waterproof bags which may be reusable or disposable. Look at convenience stores for supplies.

Sutures:

These will come out at a post-op visit typically 3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with patella fractures are instructed to take **baby aspirin twice a day for 6 weeks** to reduce their risk of blood clots.

Signs of blood clot include shiny red skin on the calf, or calf swelling accompanied by increased tenderness and pain. Call the office if you are concerned, but realize that post-op swelling is also relatively common and quiet normal.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize –** please do not call for refills on Friday as we may not be able to complete them before the weekend.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Showering:

You may get the incision wet after 1-2 weeks. Sutures are generally left in for 2-3 weeks but longer in high risk cases. Let water run over it and pat dry. DO NOT soak or scrub. Do not go into a hot tub / pool / lake / ocean for 6 weeks after surgery. DO NOT apply lotions or creams. If you are going to be in direct sunlight, you SHOULD apply sunscreen

to the incision (or cover it). It will be prone to sunburns. If there is any dry skin or scabbing – leave it alone! It will improve with time.

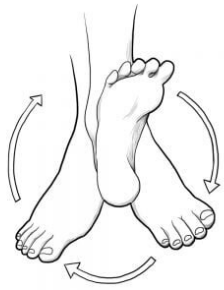
Questions/concerns:

Call the office at **661-600-1750** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

Exercises to perform:

Some of these exercises may begin immediately, and some cannot be performed until you transition to a hinged brace. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. You do not need to over-do it. You will be given a removable brace to wear. **You may remove the brace to begin range of motion, several times a day**, after suture removal.

<u>"Alphabet"</u>



Imagine drawing the alphabet with your foot and ankle. This may be cursive or standard block text. The key is to reconnect your brain to your ankle, and to begin working on range of motion. Run through the alphabet several times a day. You may keep your leg elevated on pillows while doing this.

<u>*"Ankle Pumps"*</u>

Ankle pumps will help keep your calf muscles strong while you are recovering. While lying down, move your ankles up and down and around in circles. Keep your knee extended.

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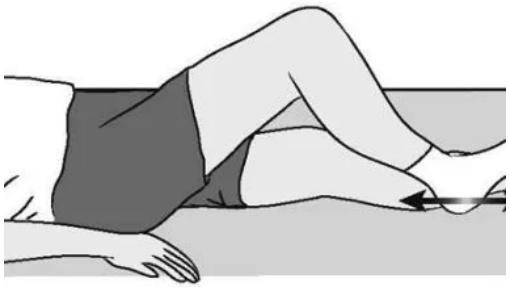
"Heel Slides"



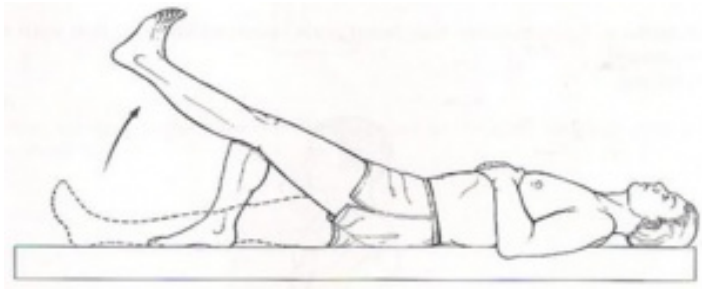
Remove your brace or immobilizer while you are comfortably lying on a flat surface. You may also do this in bed or on the couch – sometimes bed/couch is safer. Keeping your operative leg's heel planted, gently slide it turns your bottom and then back the other way.

Start with only 30 degrees of knee motion (this is even less than in the diagram). You will gradually increase this motion.

Gravity Assisted Knee Flexion

Use your uninjured leg to help work on knee flexion for your injured leg. While seated in a chair or on a bench (or even the side of the bed), place your uninjured leg on top of your injured leg at the ankle. In this example, the leg with the sock on is the "injured" leg. Use your other leg to gently push backward – this motion allows you to be the master of how much you are flexing the knee. You can have a family member help support the leg as you bring it back up, or bring your uninjured leg underneath it.

Straight Leg Raise



While seated or while lying down, with your brace locked in extension you may perform straight leg raises. Focus on contracting your quads, and lift the leg straight in the air. You do not need to go high. The point is to get your muscles used to working and to keep your quad strength preserved during your recovery.

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