

### Ischial Tuberosity Avulsion Repair Post-Operative Instructions

- **PAIN**

- Most patients require some narcotic medication after surgery. You will be given a prescription(s) with instructions for its use. *Do not take more than prescribed.* If your pain is not adequately controlled, contact the surgeon on call. Phone numbers are provided.
- If you had a nerve block done by anesthesia, please contact Dr. Swenson with questions. He will provide you with the contact information. When the nerve block wears off, pain can increase so you may notice you will need more oral narcotics at that time.
- Common side effects of the narcotics include nausea, vomiting, drowsiness, constipation, and difficulty urinating. If you experience constipation, use an over the counter laxative. Minimize the risk of constipation by staying well hydrated and including fiber in your diet. If you have difficulty urinating, try spending a little time out of bed on the crutches. If it is not possible for you to urinate and you become uncomfortable, it is best if you go to the Emergency Room to get catheterized.
- Contact the office if you have nausea and vomiting. This is usually caused by the anesthesia or narcotics. We will either give you a medication for nausea at time of surgery or we will call it in to a pharmacy if you experience these symptoms.
- Do not drive or make important business decisions while using narcotics.
- Anti-inflammatories (advil, naprosyn, aleve, etc) may be taken in conjunction with the pain medication to help reduce the amount of narcotics needed. Do not take extra Tylenol if the pain medication given to you already has Tylenol in it.

- **WOUND CARE**

- You may remove the Operative Dressing on Post-Op Day 2
- KEEP THE INCISIONS CLEAN AND DRY.
- Apply Gauze bandage to the wounds. Change daily. Do not remove the Steri-strips. Please do not use Bacitracin or other ointments under the bandage.
- DO NOT SIT for any other reason than for necessary bathroom requirements.
- There may be a small amount of bleeding and/or fluid leaking at the surgical site. This is normal. The knee is filled with fluid during surgery, sometimes causing leakage for 24-36 hours. You may change or reinforce the bandage as needed.
- Use Ice or the Cryocuff as often as possible for the first 3-4 days, then as needed for pain relief. Do not wrap the Ace too thickly or the Cryocuff cold may not penetrate.
- There will actually be more swelling on days 1-3 than you had the day of surgery. This is normal. The swelling is decreased by using Ice or the Cryocuff. The swelling will make it more difficult to bend your knee, but once the swelling goes down, it will become easier to bend your knee.
- You may shower on Post-Op Day #5 using a water-tight dressing over the wound. **DO NOT GET THE WOUND WET.** You may gently wash around the incision with a washcloth, then gently pat the area dry. Do not soak the leg in water. Do not go swimming in the pool or ocean until your sutures are removed.

- A low-grade temperature is very common within the first few days of surgery. This can often be treated with getting out of bed in a sitting or standing position, deep breathing and coughing to clear the lungs. If fevers, pain or swelling continue, please call.
- **AMBULATION**
  - You will be using crutches postoperatively. You will need to use them at all times. You may put your toe down with crutch walking but do not put significant weight through your leg. This is for balance and stability only.
  - While in the recovery room, the nursing staff will instruct you in ambulating, climbing stairs, and other activities of daily life. Listen to them carefully.
  - You must use your crutches for the first 2-4 weeks after surgery. Toe Touch Weight-bearing (TTWB) for the first 4 weeks after which you can begin to use the scooter if given one. Your physician will guide your weight bearing status after your first post op visit. Do not bend your hip while using the scooter. Keep your back straight at all times!
- **DIET**
  - Begin with clear fluids and light foods (jello, clear broths). Progress to a regular diet as tolerated.
- **DRIVING**
  - You MAY NOT DRIVE FOR 6 WEEKS if it is your right leg. Must wait until after your first post op visit for clearance if your operative leg is your left leg. It is important to regain adequate Quadriceps control before operating a motor vehicle.
- **CONCERNS/QUESTIONS**
  - If you feel unrelenting pain, notice incision redness, continuous drainage or bleeding from wounds, continued fevers greater than 101°, difficulty breathing or excessive nausea/vomiting, please call **(801) 587-7040** during regular office hours or **(801) 587-7100** (physicians' answering service) after 4:00 pm or on weekends.
  - If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.
- **FOLLOW UP APPOINTMENTS**
  - If you do not already have a follow up appointment scheduled, please call (801) 587-7109 during normal office hours and ask to schedule an appointment. I would like to see you back in 10-14 days post-operatively. However, if there are any post-operative surgical concerns, please call and we will get you in sooner.
- **STUDY PATIENTS**
  - We thank you for participating in clinical studies. Our intention is to improve your care and the care of future patients.
  - If you have any questions regarding the study, please call the numbers provided on the study documents or you may contact the office numbers provided below.



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- **IMPORTANT NUMBERS**

- Questions
  - During Office Hours (8:00-4:00)
    - Cassidy (Medical Assistant) 801-587-7040
    - Nikki Cooper (Practice Coordinator) 801-587-0989
    - Mark Beese (Athletic Trainer) 801-587-1473
  - After Hours (Tell the hospital operator your surgeon's name and they will contact the appropriate on call physician)
    - 801-581-2121
- Office Appointment Scheduling
  - 801-587-0989
- Surgery Scheduling
  - Tiffany 801-587-7187
- Physical Therapy
  - 801-587-7005
- Toll Free
  - 1-800-824-2073
- Dr. Maak Fax
  - 801-587-3990