CHIPPEWA VALLEY ORTHOPEDICS AND SPORTS MEDICINE
www.cvosm.com

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Post-op Instructions for Peroneal Nerve Decompression

These instructions complement the information given by the nursing staff and surgical team. They cover many common questions.

Wound Care

- Dressings are to be kept clean and dry. You may remove the ACE wrap and large dressing three days after surgery and replace with dry gauze and tape over the incision sites. Leave Steri-Strips in place until your follow-up visit. A small amount of clear drainage and/or bleeding is normal. If this happens, the dressing should be changed daily. A compression sock or ACE wrap should be re-applied, starting at the ankle and wrapped up the leg to mid-thigh.
- You may shower and allow the incision to get wet three days after surgery. Keep showers brief, then gently pat the incision dry with a clean towel. Do not bathe or soak the incision for three to four weeks, or until it is fully healed.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Pain and swelling are expected following surgery. However, excessive pain and swelling should be reported to your surgeon.
- For pain and swelling, ice your knee as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use an ice pack or ice in a resealable bag, wrapped in a towel, and placed on the knee. Do not place ice directly on the skin.
- Swelling is normal after surgery and peaks approximately 3-7 days after surgery. To reduce swelling, elevation is very helpful. Elevate the foot above the heart level ("toes above nose") for 30 minutes every 2 hours for the first 24-48 hours after surgery. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. TED compression socks may be provided. These should be worn for 1 week or until you are moving around well.
- For baseline pain control, we recommend adults* take Tylenol (Acetaminophen) 1000mg* three times a day. If your prescription pain medication also contains Tylenol, you should reduce this. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).
- If that is not adequate, prescription strength pain medication may be prescribed after you leave the hospital. Wean off this medication as your pain allows, continuing the Tylenol and anti-inflammatory as tolerated. Prescription strength medications can cause constipation, and you may want to use a stool softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.

*Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

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Driving

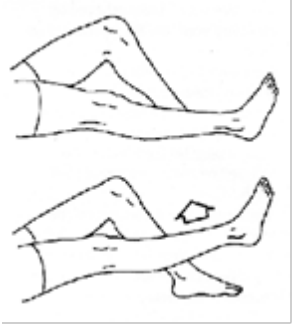
- To drive you must no longer be taking narcotic pain medication (plain Tylenol is allowed). Before driving, you must feel strong and alert and able to get in and out of the car without assistance.

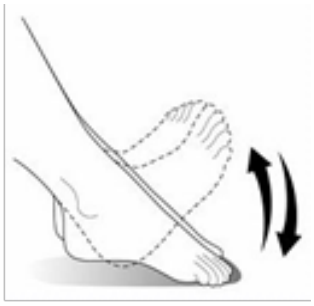
Weight Bearing

- Unless the surgical or nursing staff has told you otherwise, there are no restrictions for weight that you can put on your leg. You may require the assis tance of crutches for 2-5 days after your surgery. As your pain subsides, you may wean off the crutches. Walk with a heel-toe gait while using your crutches.

Exercises

- Range of motion exercises should begin as soon as possible after surgery. It is important to work on straightening the knee fully and bending as far as tolerated. Please attempt to do range of motion exercises 3-4 times per day in the first week.
- The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.
    - Quad Sets- Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.
    - Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
    - Ankle Pumps—pump foot/ankle up & down 20 times per waking hour.
    - Use of a stationary bike is encouraged beginning approximately one week post op. Biking is used to aid in increasing range of motion. This should be done pain-free with little to no resistance for a few minutes to start and gradually advanced.





Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1-2 weeks after surgery.
- Please call the office with any questions or concerns.

Troy Berg, MD
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