



GEOFFREY S. VAN THIEL, MD/MBA

Assistant Professor - Rush University Medical Center

Team Physician - US National Soccer Teams

Team Physician - Chicago Blackhawks Medical Network - Ice Hogs

www.VanThielMD.com - VanThielMD@orthoillinois.com

Fax: (815) 381-7489 – Phone: (815) 381-7365



SPORTS MEDICINE SURGERY & HIP ARTHROSCOPY

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- Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder -

Cartilage Procedures

Osteochondral Allograft/Autologous Chondrocyte Implantation (ACI)

High Tibial Osteotomy (HTO)/Anteromedialization (AMZ)/Meniscus Transplant

Checklist

- ✓ Physical Therapy Prescription
 - o Make an appointment for PT 3-5 days after surgery
 - o Trainer Rx for supplemental home based rehab (\$75) – Email VanThielMD@orthoillinois.com
- ✓ Medications
 - Paper Prescription*
 - o Pain - Norco 10/325
 - Sent To Pharmacy*
 - o Antibiotic - Keflex 500mg every 6 hr x 1 day (If allergic, Doxy 100 mg twice)
 - o Pain - Naproxen 500 mg twice a day x 2 weeks as needed
 - o Aspirin 325 mg once a day x 30 days
 - o Additional Medications:
- ✓ Crutches
- ✓ Brace
- ✓ Range of Motion Protocol
- ✓ CPM Machine – Follow motion guidelines for the knee.
- ✓ Compression Stockings - \$23.
 - o Help with post-operative swelling. In DME store.
- ✓ Optional – Ask Clinical Lead
 - o Ice Machine - \$200
 - Purchased in DME store.
 - o Ice and Compression Machine – Game Ready - \$352 for a 14-day rental and \$18/day for each day following
- ✓ **Post Op Visit:**



What to Expect

- The following instructions will help guide you through your recovery. Separate instructions for therapy and exercises will be given and are available at www.VanThielMD.com.
- Dr. Van Thiel's PAs (Physician Assistants) Stephanie Leverentz and Sage Norwood will be closely involved in your care and recovery. A physician assistant is a licensed practitioner that has completed over 2 years of post-college medical training and has the credentials and expertise to treat patients independently.
- **1st Post-Operative Visit** – This will be between 10-14 days after the surgery. You will see Dr. Van Thiel and he will go through your pictures from surgery and answer any questions you have.
- **2nd and 3rd Post-Operative Visits** – Occur at 6 weeks and 3 months after surgery. During these visits you will be seen by Stephanie Leverentz or Sage Norwood (Dr. Van Thiel's PAs) to ensure that you are comfortable and meeting the recovery goals. Mrs. Leverentz and Ms. Norwood are always in direct communication with Dr. Van Thiel and have the medical expertise, training and credentials to help you along with your recovery.
- **4th Post-Operative Visit** – Occurs at 6 months after surgery. Dr. Van Thiel will discuss any questions that you have and ensure you are making a complete recovery.
- **Physical Therapy** – Physical therapy can start 3-5 days after surgery. We will assist with setting up a physical therapy upon scheduling your surgery.
- We will contact your insurance company to authorize your surgery, but we suggest that you also contact your insurance company for further information and to verify coverage.

Day of Surgery

- **Diet** – Do not eat or drink anything after 11PM the night before surgery.
- When you get to the hospital or surgery center Dr. Van Thiel will come speak with you and confirm the procedure and the side. Feel free to ask any questions.
- The anesthesiologist will also come speak with you. We routinely perform regional blocks for pain control during and after surgery. A regional block is a small injection that will numb the nerves at the operative site for up to 12-30 hours

after surgery. These blocks are excellent for pain control.

- **After Surgery** – You will wake up in the recovery room and once you are comfortable and fully awake, the nurses will discharge you to go home.

Post-Operative Care

Diet

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

Wound Management

- A bandage is applied to the operative site. Keep this on for 5 days after the surgery. If showering, cover the leg with a plastic bag/tape to keep dressing dry during this time.
- It is normal for there to be drainage and for the dressing/ACE wrap to become blood tinged. If this occurs, reinforce with additional dressing.
- Remove the dressing after the fifth post-operative day. It is still normal for there to be some drainage. Apply steri-strips or band-aids to the incision sites and wrap with the ace wrap.
- You may get the incision wet after the dressing is removed (day 5). Running water only. No soaking in baths or hot tubs! Cover incisions with bandaids, change daily.
- Sometimes small incisions are made that do not require suture closure. Please do not be alarmed by this.

Activity

- Crutches should be used to assist with walking. Remain non-weight bearing on the operative leg for 6 weeks after surgery, unless instructed otherwise by your physician
- Keep the operative knee in the brace provided at all times, with the exception of showering or performing exercises/PT.
- The brace will be worn for 6 weeks postoperatively.
- The brace may be removed by the therapist to begin range of motion exercises.
- You are encouraged to walk with crutches in a controlled environment in order to avoid prolonged sitting.
- DO NOT at any time bend the knee more than 90 degrees.
- Elevate the operative leg with pillows under the

foot and ankle to aid in the reduction of swelling.

- No driving until instructed by your physician.
- Sleeping may be performed in a reclining chair or bed with the use of pillows to support the operative site as tolerated.
- Generally, if you have a desk job you may return to work/school on the third post operative day.
- Return to a physically demanding job will be discussed on your postoperative visit.

Exercise

- You may begin exercises 24 hours after the surgery to include ankle pumps and quad sets.
- A continuous passive motion machine(CPM) will likely be used for up to 6 hours per day.
- Use the CPM in 2 hour intervals. Begin at a range of 0-30 degrees and increase flexion(bending) by 10 degrees daily to 90 degrees as tolerated. Ok to remove brace for CPM use.
- Formal physical therapy will begin before your return visit and it is safe to perform these exercises at home to assist with a return of strength and motion.

Ice/Cryotherapy

- An ice machine or ice packs will be provided and applied at the conclusion of your surgery.
- Use continuously for the first 72 hours postoperatively, then in 30 minute increments 4-5 times per day thereafter as tolerated.

Medications

- Most patients require the use of narcotics for a period of time after surgery. Take as directed.
- If you received an adductor nerve block, numbness and loss of function may persist for up to 24 hours postoperatively. You are encouraged to take your prescribed pain medication as indicated on the bottle regardless of pain for the first 24 hours.
- Common side effects of pain medication: nausea, insomnia, itching, constipation, drowsiness, hallucinations.
- Take medications with food to reduce side effects. OTC anti-inflammatory such as Aleve, Ibuprofen or Motrin can be used after taking

Naproxen

- Do not operate machinery or moving vehicles while taking the pain medication.

Emergencies

- If at any time you have questions or emergent concerns contact Dr. Van Thiel or his physician assistant Stephanie Leverentz, PA-C or Sage Norwood, PA-C at (815-398-9491).
- If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.
- Please call if any of the following arise:
 - Fever >101. (It is normal to have a low grade fever for the first 1-2 days after surgery)
 - Redness
 - Painful swelling
 - Numbness
 - Shortness of breath
 - Excessive bleeding and/or drainage from incision sites
 - If you require immediate attention, go to the nearest emergency room

Follow-up

- A follow-up appointment will be set for 10 -14 days after the surgery. If you have questions or concerns about this date contact our scheduler at (815-381-7332) during normal office hours.
- Physical Therapy will begin prior to your first postoperative visit
- If you have additional questions or concerns most questions can be addressed by our Clinical Lead by calling (815-381-7365).