

# Dr Brendan Ricciardo

MBBS (UWA) FRACS FAOrthA  
Orthopaedic Surgeon

Hip, Knee & Shoulder Surgeon  
Sports & Trauma Surgery



Coastal  
Orthopaedics

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[www.drbrendanricciardo.com.au](http://www.drbrendanricciardo.com.au)

Claremont Murdoch Esperance

## KNEE OSTEOTOMY (HTO/DFO)

### Discharge

Hospital stay is usually 2-3 days.

### Post-Operative Appointment

Your first post op clinic review is 2 weeks after surgery. If you would like to confirm or change this appointment please contact my PA Tammy on 9230 6333 or [tammy@coastalorthopaedics.com.au](mailto:tammy@coastalorthopaedics.com.au). If you live in Regional WA then this appointment can sometimes be made with your GP (please discuss this with Brendan).

### Pain Relief / Medications

You have been prescribed a range of pain killers by the Anaesthetist. You should take them as prescribed. In general, you should take paracetamol regularly as first line, followed by anti-inflammatories if prescribed or directed and then strong painkillers such as Tramadol, Tapentadol or Oxycodone for top-up pain relief. You can cease them as soon as the pain allows. Check with your nurse prior to discharge if you are unsure. You will be prescribed medication for DVT prevention. This is typically an injection (Clexane) when in hospital and then Aspirin for 6 weeks on discharge. If you are deemed higher risk for DVT then a different regimen may be prescribed.

### Swelling / Icing

Post op swelling of the knee is expected. It should reduce gradually over a few weeks. Regular icing of your knee, combined with elevation, is the best way to reduce the swelling. You should continue icing your knee as long as it remains swollen, which can be several weeks. If the swelling gets worse or if there is redness around the wound or fever, please contact my rooms immediately or attend your local Doctor. After hours you can contact the hospital ward from which you were discharged.

### Bandage / Dressings / Sutures

You will be discharged from hospital with a dressing covering your knee wound. Leave this dressing in place until your two week review when we will remove it. The dressing is waterproof. Showering is fine but bathing/swimming is not. Should your dressing lose its seal or become saturated, please contact my rooms for advice. You have dissolvable sutures under the skin that do not require removal.

### Crutches

Crutches and partial weight bearing through the operative leg are recommended for the first 6 weeks. From 6 weeks you will generally be advised to progress to full weight bearing.

### Physiotherapy

Please refer to the 'Rehab' section of my website [www.drbrendanricciardo.com.au](http://www.drbrendanricciardo.com.au) for exercises you should perform following surgery and continue after discharge from hospital. You will be reviewed by a physio while you are in hospital. You should avoid sleeping with a pillow under your knee, even if it feels more comfortable. For elevation place a pillow until your ankle.

### Return to Work / Driving

It is reasonable to target a return to office work at 2-4 weeks. Continued leg elevation in the early stages of return to work is recommended. For physical work the target is 3-4 months. If surgery is on our left knee and you have an automatic car, then it is possible to return to driving after 2 weeks. For right knee surgery and all manual cars it is more likely to be 6 weeks.



Fellow of the Royal Australasian  
College of Surgeons



FAOrthA

FELLOW of the  
AUSTRALIAN  
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CLAREMONT

MURDOCH

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ROCKINGHAM

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WHEATBELT

Bethesda Hospital • St John of God • Peel Health Campus • Waikiki Hospital • St John of God • St John of God • Northam Hospital