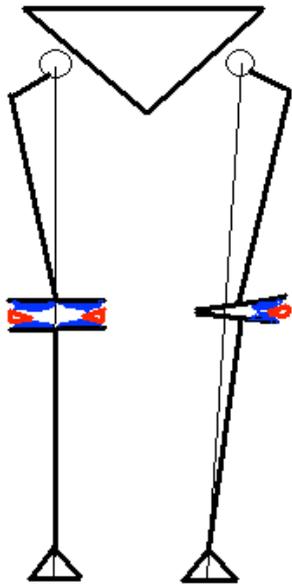
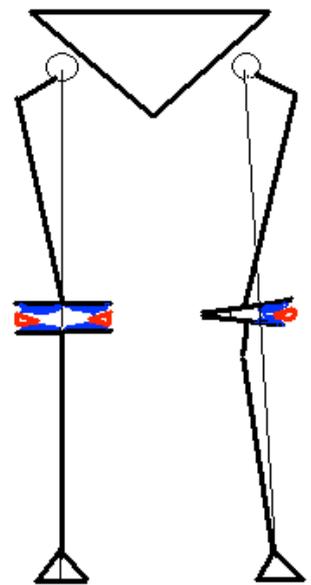


# Oxford Knee Group

## Femoral and Tibial Osteotomies



Wear on the inside of the knee leads to a 'Bow Leg' deformity



An osteotomy of the Tibia with realignment allows most of the weight to be taken off the worn area of cartilage in the knee.

For younger patients who are developing symptomatic knee arthritis this treatment allows the potential for both reduction in symptoms but also aims to delay any progression of the arthritis, delaying the requirement for knee replacements. For some patients with instability of the knee an osteotomy may be recommended to help stabilise the knee.

There are several different surgical techniques (Closing and opening wedge osteotomies of both tibia and/or femur) that can be employed depending on the nature of the disease and these will be discussed fully with you during your consultation.



## **Assessment**

In outpatients alignment xrays of the whole leg will be taken. This allows for accurate planning of the amount of correction that needs to be performed.

## **During the Hospital stay**

You will come into hospital on the morning of your surgery. The Surgeon will see you, mark the limb and consent you. You will be seen by your anaesthetist who will explain the anaesthetic to you and discuss post-operative pain relief with you.

You will wake up in recovery. Your leg will be bandaged and there will be a drain from the knee to take away any extra bleeding.

The day after surgery you will be seen by a physiotherapist who will give you some exercises and get you standing with some crutches. You will need to be in hospital for 1 or 2 nights.

An appointment will be organised for the wound to be checked and stitches to be removed at 2 weeks. You will be given pain killing medication to take home with you. Medication to reduce the risk of developing blood clots will be given to you for 2 weeks

## **Post-operative care**

**Weight bearing:** Partial weight bearing is allowed in the brace with the aid of crutches for the first 6 WEEKS.

**At the 6-week follow-up appointment:** If X-rays are satisfactory, full weight bearing is allowed in the brace. At 12 weeks the brace can be removed.

Early physiotherapy is directed at maintaining muscle bulk and regaining range of movement. At 6 weeks following the surgery we would expect you to have nearly full extension and comfortable flexion up to 90 degrees. At 6 weeks when full weight bearing is allowed then proprioception and strength work using bicycle and rowing machines can commence.

As full weight bearing becomes more comfortable your function and activity will improve. Most people can get back to fast walking by 3 months, with gradual return to jogging by 6 months.

Often the plate requires removal as it can be prominent under the skin. This is normally planned for about 18 months after the surgery

