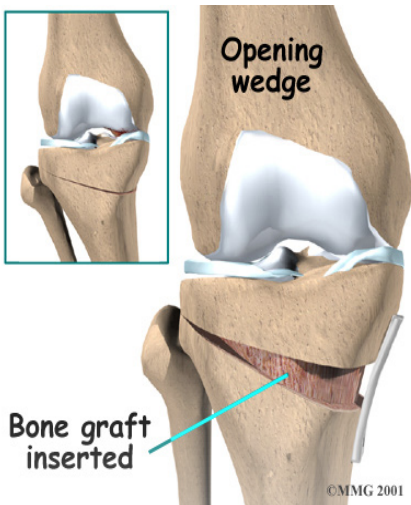


High Tibial Osteotomy (HTO) Surgery



i Important guidance information for patients undergoing HTO surgery.

About this booklet

The purpose of this booklet is to provide you with useful advice and general guidance to help in the recovery following your high tibial osteotomy surgery.

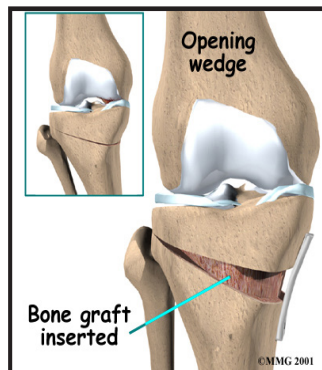
All information provided in this booklet is for guidance only and is not exhaustive. Detailed, individualised instruction will be provided by your surgeon, physiotherapist and multi-disciplinary team.

What is High Tibial Osteotomy surgery?

High Tibial Osteotomy is a surgical procedure to correct the position of your leg and reduce the pain you have in your knee.

There are a variety of approaches to carrying out this procedure and your surgeon will discuss the best option with you.

One of the most common procedures carried out in this hospital is a wedge osteotomy. During a wedge osteotomy a triangular wedge of bone is taken from the outer side of the tibia (the bone beneath the knee). This helps to position the bone and helps your weight to pass through the outer undamaged part of the knee.



Why do I need High Tibial Osteotomy surgery?

Damage to the inner-knee can cause osteoarthritis. Such damage may be the result of:

- a sporting injury;
- rickets;
- poliomyelitis (disease caused by infection with the poliovirus); or
- direct trauma to the knee.

Osteoarthritis can be painful, limiting the function of your knee and quality of life.

The aims of High Tibial Osteotomy surgery are to:

- correct poor alignment of the knee;
- prolong the life of the knee joint, delaying the need for Total Knee Replacement surgery;
- reduce pain;
- improve function; and
- improve quality of life.

Pre assessment clinic

You will be examined by a surgeon, who will discuss the planned procedure with you. You will have an opportunity to ask any questions you may have. You will be asked to sign a consent form stating that you have understood what is involved and are you are willing to go ahead with the surgery.

You may also be pre-assessed on the same day, however on occasion you may be asked to return to the hospital for this at a later date.

Your pre-assessment will be carried out by nursing staff but you may see other healthcare professionals during this appointment, such as ward doctor, anaesthetist, specialist nursing staff or physiotherapist.

The nurse will check your temperature, blood pressure, pulse, height and weight. A sample of urine will be requested when you arrive and swabs will be taken for MRSA testing.

Additional tests may be required, such as:

- blood samples;
- an x-ray;
- an MRI scan; and
- a tracing of your heart.

Admission

You will usually be brought in early on the morning of your operation. You will be seen by the anaesthetist before surgery, who will answer any concerns you may have and explain what will happen. You will be asked to stop eating at midnight on the morning of your operation and stop taking fluids two hours before you go to theatre. You will be told your fasting instructions before admission.

Day of surgery

The procedure lasts for about an hour, after which you will remain in the theatre recovery area until you are ready to go back to the ward.

Once you are back on the ward the staff will continue to monitor your progress. You will be able to eat and drink on return to the ward. Some patients are able to get up with the physiotherapists later in the day; others stay in bed until the following morning.

After surgery

- You will be assisted out of the bed to sit in the chair, usually using a Zimmer Frame with the assistance of two members of staff. You may not be able to take your full weight on your operated leg – your physiotherapist will discuss this with you.
- You will have a wash and change your clothing.
- You will be visited by a member of the pain control team to ensure you are on adequate analgesia.
- You will be assessed by the physiotherapist to ensure you are walking safely, progressing from the Zimmer Frame onto elbow crutches; you may not be able to take your full weight on your operated leg – your physiotherapist will discuss this with you.
- The physiotherapist will teach you some exercises, as shown on page 7.
- Arrangements for your discharge home will begin.

You will be advised to follow **P.R.I.C.E.** guidelines (below) and apply ice to your knee at regular intervals to reduce swelling and pain. Before discharge, you will be given pain relieving medication and you will be advised on when and how often to take it.

P.R.I.C.E. guidelines

- Protect:** Use of elbow crutches as pain allows.
- Rest:** When resting your leg, make sure your knee is straight. **Do not** rest the back of your knee over a pillow.
- Ice:** Apply ice for 20 minutes to reduce swelling. Always place ice pack over a damp cloth to protect your skin from an ice burn.
- Compression:** You will have a compression bandage in situ. Usually this is removed after 24 hours. Follow advice from your nursing staff.
- Elevation:** To control your swelling, elevate your leg (toes above your nose) for 30 minutes. Ensure your whole leg is supported with three or four pillows from your heel downwards. Lie back on your bed. Repeat this three times daily.

Discharge from hospital

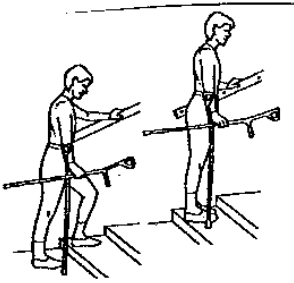
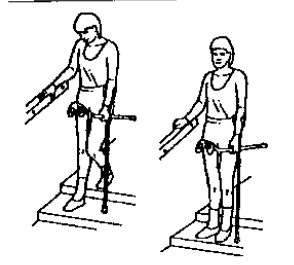
- You will have a blood test and an x-ray on the first or second day after your surgery.
- The physiotherapist will have completed your exercises and shown you how to go up and down stairs safely.
- You will have seen the pharmacist, who will explain any changes in your medication.

- You will be given a letter to be taken to your General Practitioner (GP).
- An appointment to be seen at clinic will be posted out to your home.

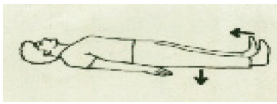

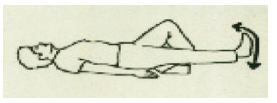

Contact

When at home, if you have any issues relating to your surgery, wound or rehabilitation, contact the Arthroplasty team on 0141 951 5521, Monday-Friday, 9am-5pm or call 0141 951 5000 and ask to be put through to the Arthroplasty page holder.

Stairs technique

	<p>First take a step up with your healthy leg. Then take step up with your affected leg. Then bring your crutches up on the step. Always go one step at a time.</p>
	<p>First put your crutch one step down. Then take a step with your affected leg. Then take a step down with your healthy leg, onto the same step as your affected leg. Always go one step at a time.</p>

Physiotherapy exercises

<ul style="list-style-type: none">• Lie on your back with your legs straight.• Bend your ankles and push your knees down firmly against the bed.• Hold for five seconds and relax.• Repeat 15 times, four times a day.	
<ul style="list-style-type: none">• Lie on your back.• Bend your knee as far as is comfortable, and then straighten your knee again.• Repeat 15 times, four times a day.	
<ul style="list-style-type: none">• Lie on your back.• Put a rolled up towel under your knee.• Pull your toes up towards you, tighten your thigh muscle and straighten your knee (keep your knee on the towel).• Hold for five seconds then slowly lower your leg. Repeat 15 times, four times a day.	
<ul style="list-style-type: none">• Lie on your back.• Straighten your leg by pulling your toes up and pushing your knee down.• Lift your leg a few inches off the bed.• Hold for five seconds then slowly lower your leg. Repeat 15 times, four times a day.	

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