

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Open Knee Osteotomy

Indications for Surgery

Osteotomy (cutting and realigning) of the bones around the knee can be helpful for patients with unicompartmental arthritis to help shift the load from the worn or damaged side of the knee joint to the more normal side. It is indicated in younger, not overweight individuals with arthritis limited to a portion of the knee joint and who intend to maintain higher levels of activity not otherwise appropriate with a joint replacement surgery. Osteotomies are used to adjust the knee alignment of a patient to unload arthritic (cartilage damaged) areas or protect ligament, meniscus or cartilage repairs in patients with varus (bow-legged) or valgus (knock-kneed) mal-alignment.



X-ray demonstrating medial
compartment narrowing

Contraindications to Surgery

- Infection of the knee
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program
- Diffuse, advanced arthritis (damaged cartilage) of the knee without mechanical symptoms



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Potential Surgical Risks and Complications

- Infection
- Knee stiffness (loss of knee motion)
- Continued pain and progressive arthritis
- Weakness of the quadriceps muscles if proper rehabilitation is not performed
- Persistent swelling and need for total knee replacement

Hospitalization and Anesthesia

- Inpatient surgery
- General anesthesia with a femoral canal, adductor canal, or I-PACK nerve block.

General Surgical Technique

Dr. Chudik prefers to avoid osteotomy surgery whenever possible because it alters the weightbearing mechanics of the knee joint, predisposing to early arthritis. In cases where it is necessary, Dr. Chudik makes a limited, open incision and exposes the bone safely retracting the soft-tissues. The osteotomy is created, the bone re-aligned, and secured with hardware. Post-operatively, the patient needs protect weightbearing for up to 4 to 6 weeks and it requires six months to return to activity. If successful, patients who have osteotomies for severe unicompartmental arthritis can often expect reasonable pain relief for up to 5 to 10 years before the remainder of the knee develops arthritis and needs to be converted to a total knee replacement. The development of arthritis is more gradual but also accelerated in patients who have osteotomies performed for issues other than arthritis.



Post-operative x-ray following high tibial osteotomy



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Post-Operative Course

- Keep the wound(s) clean and dry for the 10-14 days following surgery, then you may shower but not submerge the wounds for three weeks.
- You will use crutches for approximately six weeks
- Physical therapy should begin two to three days after surgery and continue for approximately three to four months depending on severity. It is crucial to follow through on and maintain a proper therapy schedule.

Return to Activity

- Return to gentle, daily activities about eight weeks after surgery
- Return to normal activity at 6 to 12 months after surgery

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®], Eliquis[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at **630-324-0402**, or email contactus@chudikmd.com to:

- Schedule the date and location of surgery
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

Notify My Office if Symptoms Worsen

