**ROBERT PETTIT, MD**

*Restoring Function. Maximizing Performance.*

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

**(513) 354-3700**

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE · PREPARING FOR SURGERY

# Preparing for Your Distal Femoral Osteotomy

*A Guide to Your Surgery*

| PROCEDURE | SETTING | ANESTHESIA | RECOVERY |
|---|---|---|---|
| Knee surgery | Typically outpatient — most patients go home the same day | General or regional — reviewed with anesthesia | Personalized week-by-week protocol |

Distal femoral osteotomy — a wedge cut in the lower femur realigns the leg to shift load off the worn outer (lateral) compartment.

## 01 A MESSAGE FROM DR. PETTIT

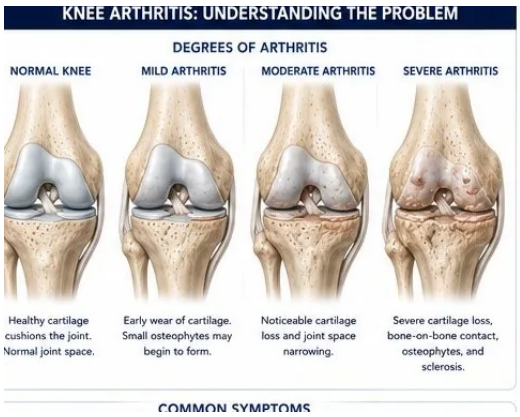
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Distal Femoral Osteotomy is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your distal femoral osteotomy, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

*Sincerely,*
***Robert J. Pettit, MD***

## 02 ABOUT YOUR DISTAL FEMORAL OSTEOTOMY

**PROCEDURE ILLUSTRATION**




*Knee anatomy · for education; your anatomy may differ*

A distal femoral osteotomy realigns the leg by correcting a precise cut in the lower thigh bone (femur), shifting weight away from a worn part of the knee. Like a high tibial osteotomy, it is used to relieve one-sided knee arthritis in younger, active patients and to delay knee replacement.

Distal femoral osteotomy realigns the knee by adjusting the angle of the lower femur, shifting load away from a damaged compartment — most often used when malalignment is centered above the knee rather than below it.

*Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.*

## 03 IS THIS THE RIGHT PROCEDURE FOR YOU?

**Why it may be recommended**

— Compartmental arthritis or cartilage damage with femur-based malalignment
— Younger or active patients wishing to preserve the native joint
— Malalignment contributing to overload of one part of the knee

**What it is intended to achieve**

— Preserves the native joint and delays the need for replacement
— Redistributes load to healthier cartilage, reducing pain
— Allows continued higher-demand activity compared to replacement

## 04 RISKS TO UNDERSTAND

Risks include infection, blood clot, delayed bone healing, hardware irritation, and under- or over-correction. Pre-operative planning is used to target precise, individualized correction.

## 05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required
— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery
— but never stop a prescribed medication without instruction from the prescribing doctor
— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery
— this is especially important for tendon, ligament, cartilage, and bone healing
— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night
— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time
— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.
— Complete pre-operative clearance, labs, and alignment imaging
— Stop NSAIDs and blood thinners as directed
— Arrange help at home for the first several weeks
— Follow fasting instructions before surgery

## 06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

## 07 WHAT TO EXPECT AFTER SURGERY

— You will go home on crutches with protected weight-bearing while the bone heals
— Physical therapy restores motion first, adding strengthening once the bone has healed
— Return to full activity follows bone healing over several months
— Follow protected weight-bearing instructions closely
— Use crutches as directed
— Elevate and ice the leg regularly
— Attend follow-up X-rays to monitor bone healing

**Recovery timeline**

— Weeks 0–6: protected, limited weight-bearing

— Weeks 6–12: progressive weight-bearing as healing allows
— Months 4–6: strengthening and return to daily activity
— Months 6–9: return to higher-demand activity

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/distal-femoral-osteotomy.pdf**

## 08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Distal Femoral Osteotomy post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

### Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   — DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   — Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   — Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   — If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

**Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen.** Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

### Crutches & Weight Bearing Status

— Following a Distal Femoral Osteotomy, you will be toe-touch weight bearing on crutches for about the first 6 weeks. Weight bearing then advances in stages (25% → 50% → 75%) to full weight bearing by weeks 8–9, as X-rays confirm the osteotomy is healing
— Your hinged brace stays locked for sleep for the first 2–4 weeks, and locked for walking until your quadriceps control returns (straight-leg raise without lag)
— Femoral osteotomies heal more slowly than tibial ones — your progression is confirmed at each follow-up visit; do not advance on your own based on time alone

### Follow-up appointment

— Your first post-operative appointment will be scheduled 10 – 14 days following your surgical procedure. Typically dissolvable sutures are used during surgery, and do not need to be removed. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 513-441-5639 to make the appointment. ***

***Signs & Symptoms to Immediately Report***

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.
Call the office at **513-354-3700** to report any of the following:

— Persistent fever (101 or greater)
— Sudden increase in pain and swelling
— Wound redness or drainage (besides blood)
— Increased skin temperature around incision
— Deep calf pain and swelling
— Severe abdominal pain

**Your home exercise program.** Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Knee Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/knee.pdf** — follow the specific instructions you are given at your visits.

## 09 COMMON QUESTIONS

**How is this different from a high tibial osteotomy?**

Both realign the knee, but this procedure adjusts the femur rather than the tibia, depending on where your malalignment originates.

**How long until the bone is fully healed?**

Bone healing typically takes around 3 months, monitored with follow-up X-rays before advancing activity.

## 10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

**Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700**

SCAN FOR THE LATEST VERSION ONLINE

**robertpettitmd.com/handouts/prepare/distal-femoral-osteotomy.pdf**

*This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.*