

KNEE · PREPARING FOR SURGERY

Preparing for Your High Tibial 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

High tibial osteotomy — a wedge cut in the upper tibia realigns the leg to shift load off the worn inner (medial) compartment.

01 A MESSAGE FROM DR. PETTIT

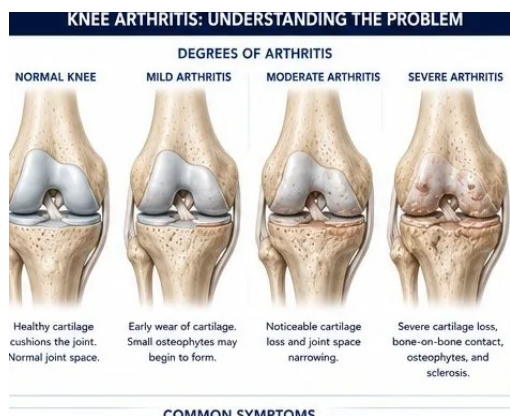
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. High Tibial Osteotomy is a highly effective 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 high tibial 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 HIGH TIBIAL OSTEOTOMY

PROCEDURE ILLUSTRATION



Knee anatomy · for education; your anatomy may differ

A high tibial osteotomy realigns the leg to shift weight off a worn, painful part of the knee and onto a healthier area. The surgeon makes a precise cut in the top of the shin bone and secures it with a plate and screws in the corrected position. It is used in younger, active patients with arthritis limited to one side of the knee, to relieve pain and delay knee replacement.

High tibial osteotomy realigns the knee by cutting and adjusting the angle of the upper tibia, shifting weight-bearing load away from an arthritic or damaged compartment and onto healthier cartilage.

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 malalignment, in younger or active patients
- Patients wishing to delay or avoid knee replacement
- Malalignment contributing to overload of one part of the knee

What it is intended to achieve

- Preserves the native joint, delaying the need for replacement
- Can meaningfully reduce pain by redistributing load
- Allows continued participation in 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 of alignment. Dr. Pettit will use pre-operative planning to target precise correction for your anatomy.

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 cut heals
- typically a number of weeks
- Physical therapy restores motion and, once the bone has healed, builds strength
- Full return to activity follows bone healing, usually over several months
- Follow protected weight-bearing instructions closely to allow bone healing
- Use crutches as directed
- Elevate and ice the leg regularly
- Attend follow-up X-rays to monitor healing

Recovery timeline

- Weeks 0–6: protected, limited weight-bearing
- Weeks 6–12: progressive weight-bearing as bone 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/high-tibial-osteotomy.pdf

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's High Tibial 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 High Tibial Osteotomy, you will be toe-touch weight bearing on crutches for the first 2 weeks. Weight bearing then advances in stages — about 25% at weeks 2–4, 50% at weeks 4–6, and weight bearing as tolerated at weeks 6–8 — with most patients off crutches around week 8
- You will wear a hinged brace early on, unlocked as your quadriceps control returns
- Your weight-bearing progression is guided by X-ray evidence of bone healing at each follow-up — 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

Is this the same as a knee replacement?

No — osteotomy preserves your native joint by realigning it, rather than replacing the joint surfaces.

Will I need a knee replacement eventually?

Osteotomy can delay the need for replacement significantly, though some patients may still need one later in life.

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/high-tibial-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.