



Specialist Centre for Orthopaedic Surgery

High Tibial Osteotomy

Patient Information Sheet

INTRODUCTION

Osteotomy is an operation which changes the alignment of the lower limb. This is most commonly done for arthritis which is localized to one area of the joint. This is done by creating a controlled fracture in the tibia (shin bone) just below the knee. The alignment of the knee will be altered. By doing this the weight on the worn part of the joint is decreased, and is transferred more to the less worn areas. Good candidates for surgery are those people between 40-60 years of age, fit and healthy, not overweight and those who do not smoke.

TREATMENT

The main goal of a high tibial osteotomy is to change alignment, which in turn will decrease the pain associated with arthritis, improve function and will ultimately slow the progression of arthritis. This procedure is usually done for patients who are younger and are more active than those requiring knee replacement.

Other advantages is that there is no physical restrictions after the initial rehabilitation. Osteotomy does have its disadvantages including ongoing pain and that the osteotomy may take longer to heal as you will not be able to bear weight on the affected limb for the first 6 weeks.



Arthrex I-Balance System

RECOVERY

The most important aspects to remember are;

The First 6 weeks

1. You will be able to walk with full weight-bear through the operated knee as tolerated with the assistance of crutches.
2. Physiotherapy treatments will commence.
3. Ice packs are recommended for swelling and pain relief.
4. You may return to work if you have a sedentary workplace and you have discussed return to work options with your employer
5. You will need to take low dose aspirin to reduce the risks of DVT (clots).

The Second 6 weeks

1. You will continue to weight bear through the operated limb gradually weaning yourself from the crutches.
2. You will be given clearance to drive after your 6 week postoperative appointment
3. You may return to work, but restricted on physical activities. You must have discussed this with your employer.
4. Physiotherapy treatments will continue.

Up to 3-4 months

You may be able to return to physical activities at work depending on bone healing.

Up to 6-12 months after surgery

You may be able to return to sporting activities depending on bone healing.

GENERAL RISKS OF A PROCEDURE

1. Infection – is a serious complication. You may require antibiotics and possibly further surgery.
2. Bleeding – you may require further surgery to stop the bleeding
3. Lung collapse – small areas of the lungs may collapse while under the general anaesthetic, increasing the risk of infection, cardiac and respiratory complications. You may require antibiotics and physiotherapy.
4. Obesity – increased risk of infections, cardiac and respiratory complications and thrombosis.
5. Blood Clots – DVT (venous thrombus) can occur in the deep veins of the leg and travel to the lungs causing heart attack and death. This can occur within 10-14 days of surgery.
6. Death – is possible due to the surgical procedure.

RISKS OF THIS PROCEDURE

These are some risks specifically associated with this procedure;

1. Numbness – associated with the use of a tourniquet during surgery. Tourniquets can cause muscle and nerve damage at the site of application. This may be temporary or permanent. Injury to the nerves is uncommon, but it may lead to chronic regional pain syndrome.
2. Necrosis of the skin – can occur due to the application of the tourniquet. Treatment may include further surgery and extensive dressings.
3. Instrument breakage – can occur, which may require larger incisions to remove the instruments. Broken instruments may require x-ray in order to assist with the removal of the broken instrument.
4. Pain and symptoms may not be fully resolved with the initial surgery and may require further surgery if indicated.
5. Scarring – keloid scarring can occur and may require further surgery. This scarring can cause pain and discomfort.
6. Stiffness – physiotherapy and/or manipulation under anaesthesia may be required.
7. Non union or collapse of the osteotomy requiring further surgery.

PROBLEMS REPORT TO YOUR SURGEON IMMEDIATELY

1. A temperature higher than 38°C.
2. Persistent bleeding from the incision sites.
3. Severe pain and tenderness or increased swelling of the knee.
4. Nausea or vomiting.

NOTE: You will not be permitted to drive until your Doctor has given you clearance