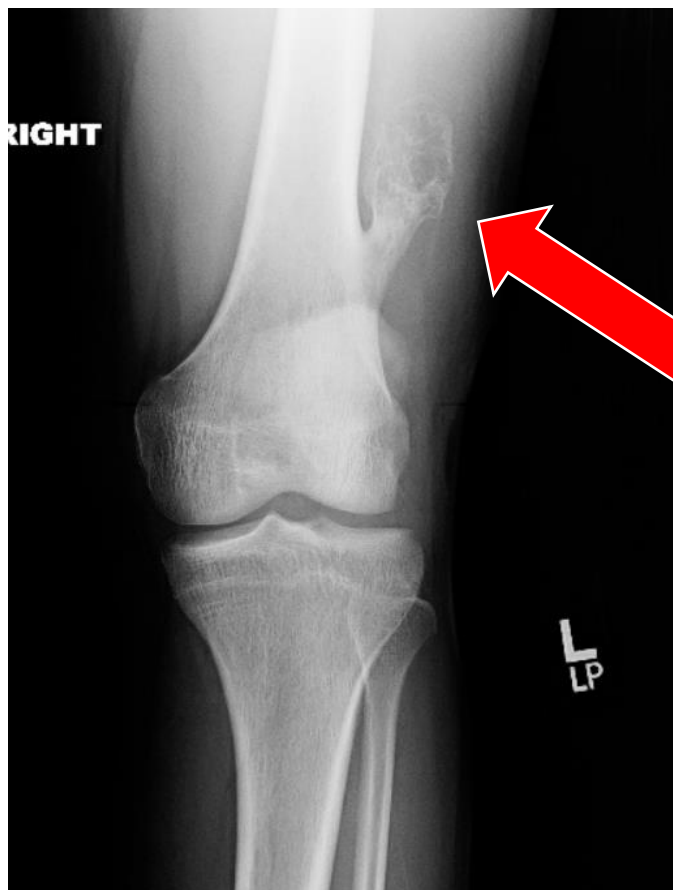


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Open Osteochondroma Resection of the Lower Extremity

Indications for Surgery

An osteochondroma is a benign tumor. These most commonly occur in the knee region but can be seen in almost any bone. Dependent on the size, shape and location, these lesions may cause symptoms and affect a patient's range of motion. Osteochondromas also can cause pain from soft-tissue irritation, compression of neurovascular structures or the growing osteochondroma pushing adjacent bones apart.



X-ray of osteochondroma located on the left distal femur.

Contraindications to Surgery

- Infection
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program



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Potential Surgical Risks and Complications

- Infection
- Knee stiffness (loss of knee motion)
- Continued pain
- Recurrent growth
- Weakness of the quadriceps muscles if proper rehabilitation is not performed

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- IV sedation or light general anesthesia with local numbing medicine injected around the knee

General Surgical Technique

Dr. Chudik makes a limited open incision over the lesion. The tissues are retracted to visualize the osteochondroma. Using X-ray guidance, Dr. Chudik begins removing the lesion at the base with resection of the periosteum. The symptomatic lesion(s) is then removed and the wound is properly sutured closed. Following this procedure, the patient may need to use crutches for balance for a few days. Formal physical therapy often is required to restore full knee strength and return to activity.

Postoperative Course

- Keep the wound clean and dry for 10-14 days following surgery. You cannot submerge the wound under water for three weeks.
- Return to school/work in less than one week as soon as sufficiently comfortable.
- Physical therapy should begin two to three days after surgery to restore range of motion and strength.



Osteochondroma surgically removed from the distal femur.



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Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] 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

Return to Activity

You may return to sports and activities when there is no pain and when full knee range of motion, muscle strength and endurance, and functional use has been restored.

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



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