

POST-OPERATIVE INSTRUCTIONS KNEE ARTHROSCOPY

MEDICATION

- Pain medication will be prescribed to you. Take as instructed and as needed.
 - Pain medication may cause constipation. You may take an over the counter stool softener (Colace, Senekot, etc) to help prevent this problem.
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 10-12 hours after your surgery). **DO NOT WAIT UNTIL THE BLOCK COMPLETELY WEARS OFF.**
- If prescribed Lovenox for prevention of blood clots, begin the day **AFTER** surgery and complete all injections.
- Take one regular aspirin (325 mg) once a day for 7 days unless you are on another blood thinner, or have a history of stomach ulcers.
- **Resume all home medications unless otherwise instructed.**
- Call immediately to the office if you are having an adverse reaction to the medicine.

WOUND CARE

- Immediately after surgery, if you feel your bandages are too tight, you may loosen the ace wrap only.
- You may remove your bandages two days after surgery (surgery Wednesday, remove Friday; Friday surgery, remove Sunday) unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions. If they fall off, cover incisions with band-aids.
- Incisions may not get wet until after your first postoperative visit. **NO** submersion of wounds (bath, hot tub, pool) until a minimum of 2 weeks after surgery.
- To shower or bath with your dressing still on, wrap the leg in a large plastic garbage bag with tape at both ends. After you remove your dressings, wrap with plastic wrap or use waterproof bandaging. Pat dry if knee gets wet.

CRUTCHES

- You may place full weight on the involved leg unless instructed otherwise after surgery to help with balance and stability.
- Crutches will be needed initially for comfort unless instructed otherwise until you can walk with a **normal gait** (heel to toe walk).

EXERCISE

- Following surgery three main goals exist: 1. Full knee extension 2. Quadriceps contraction and activation 3. Control of pain and swelling.
- To help gain full knee extension, place a small rolled up towel under your ankle and push back of knee to touch the floor by contracting your quadriceps muscle.

- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps, and straight leg raises will be demonstrated to you after surgery and should be done 3-4 times a day.
- DO NOT put pillows under the knee while you sleep to help the knee from getting stiff.
- Elevate your leg for several days if you are sitting to help with swelling.
- Being up and around after surgery will help diminish the risk of blood clots.
- Therapy is a key aspect of recovery and should start within 2-3 days after surgery.

COLD THERAPY

- Ice or cryo-cuff (if covered by insurance) should be used for comfort and swelling. Use it at least 20 minutes at a time. Many patients use it an hour on then an hour off while awake for the first day or two.
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice or cryo-cuff.**
- After the two days, use 20-30 minutes every 3-4 hours if possible.

BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **If you experience severe calf pain or swelling, call the office immediately.**

EMERGENCIES

- If you have an emergency contact Dr. Toole's office.
- Contact the office if you notice any of the following:
 - Uncontrolled nausea or vomiting, reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

DRIVING

- You may drive when off all narcotics and feel you can adequately react to drive safely. You must be able to brake firmly and comfortably. No driving until at least after your first post-operative visit.

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7 days after surgery if not already scheduled.

If you have any questions, please call the office.