

Knee Arthroscopy Post-Surgical Instructions

First 24-48 Hours:

- Rest and Relax
- You may have minimal pain for the first 12-24 hours, afterwards you may experience an increase in pain, this is normal, the nerve block that was provided preoperatively typically wears off at this time. Take your first dose of pain medication when you begin to feel “pins and needles.” This is an early indication the anesthetic is wearing off.
- Arthroscopic fluid is used to inflate your shoulder during surgery. You may experience a lot of clear or pink drainage from the wound during the first 24 hours.

Activity and Wound Care:

- Take it easy for the first 72 hours after surgery. No strenuous activity.
- Ice packs can be applied to the dressing for 20 minute periods at a time, with 20 minutes ice free intervals. This can be done as needed for pain control and is most useful for the first 72 hours
- Do not remove the post surgical dressing for 72 hours. ‘
- After 72 hours dressings can be removed to shower. (No Baths)
- The wound CAN get wet, but do not scrub it.
- After shower, gently dry surgical sites and apply regular sized band aids for smaller incisions. If incisions are larger (Shoulder replacement, clavicle fracture, coracoid transfer), you will need to purchase larger band aids at the pharmacy.
- Sutures will be removed in the office in 10-14 days
- If you notice significant redness or drainage please call the office (201-679-3084) Sleep – consider sleeping in an upright position the first 72 hours.
- Sleeping flat in bed may be uncomfortable. Be sure to use your sling at night

Medications:

- A number of medications will be prescribed to you. Please take with food and water.
- Please take the medication as prescribed on the bottle. Below is a description of each medication.
- The medications we typically use are as follows:
 - ▶ **Percocet (Oxycodone/Acetaminophen)**
 - Strongest pain medication, to be taken every 4-6 hours as needed for pain
 - ▶ **Tramadol**
 - Weaker pain medication than Percocet. Use this when you no longer have Percocet, or if the Percocet makes you feel drowsy/nauseous, or if your pain is not severe
 - ▶ **Zofran (Ondansetron)**
 - Nausea medication, to be taken as needed for Nausea/Vomiting
 - ▶ **Colace**
 - Medication for constipation.
 - ▶ **Aspirin 81 mg**
 - Blood clot prophylaxis
 - ▶ **Cefadroxil**
 - Antibiotic for select surgeries, not everyone will get this medication.

Please note: Narcotics are a strong medication with potential side effects that include; addiction, constipation, over-dose, nausea and additional issues not listed here. Very important to only take as prescribed.

Note – should you experience stomach problems or if your body is not tolerating any of the medications above, STOP the medications. You may discontinue the above medications as you see fit and take “Tylenol”



Post Op Brace Use:

- Some Surgeries require the use of a post operative brace. If you do not have a brace you can skip this section.
- Length of use of the brace is 4 weeks for ACL reconstruction, 6 weeks for any meniscus repair or
- osteotomy.
- Brace can be removed for showering after post op day 3. Please be very careful, and ask for assistance if you do not feel comfortable
- Brace is to be worn at all times except bathing and when at physical therapy.
- Brace is to be worn when sleeping as well



Physical Therapy:

- Physical therapy starts within 48 hours of the surgery
- In your discharge papers, you will be given a prescription for physical therapy and instructions for the therapist
- If you do not have instructions for the therapist, please contact the office.



Weight Bearing:

- Weight bearing status depends on the surgery
- Knee scope (partial menisectomy, removal of loose body): Weight bearing as tolerated (as much weight as is comfortable)
- ACL reconstruction: Weight bearing as tolerated (as much weight as is comfortable)
- ACL Reconstruction with meniscus repair: Non weight bearing for 6 weeks
- Meniscus repair: Non weight bearing for 6 weeks
- Osteotomy (Tibial Tubercle, High Tibial, Distal Femoral): Non weight bearing for 6 weeks
- Medial Patellofemoral ligament reconstruction: Non weight bearing for 6 weeks
- If you are unsure of your weight bearing status please contact the office.



Return to Work or School:

- You may return to work (sedentary) typically 1 week after surgery if pain is tolerable.
- Returning to labor depends on the specifics of the surgery and this will be communicated directly to you.

Normal Sensations and Findings after Surgery:

- Nerve block – will stay in effect 8-24 hours from the time of surgery. This may cause numbness and inability to use the extremity including fingers until the block wears off.
- Persistent numbness at hand – usually resolves 2-3 days after surgery.
- An increase or surge in the amount of pain after the block wears off. See Pain Medications instructions above.
- Shoulder pain and swelling can last up to 6 weeks.
- Small amount of bloody drainage first 3-4 days.
- Swelling at the hand. Using the squeeze ball can help alleviate this.
- Low grade temperature under 101.5 degrees. If this occurs, a) drink plenty of fluids, b) cough, c) take 10 deep, slow breaths and hold for a second and cough forcefully afterwards.
- Redness at incision sites for several days.

Notify Office Immediately If Any Of The Following Signs Or symptoms Occur:

- Change in incision (increased redness, drainage, incision opens up, suture comes out, foul smell, yellow discharge).
- Sharp pains at shoulder.
- Temperature over 101.5 degrees.
- Fevers, chills, nausea, vomiting, diarrhea.
- Pain not relieved by pain medications.

Post-Surgical Appointments:

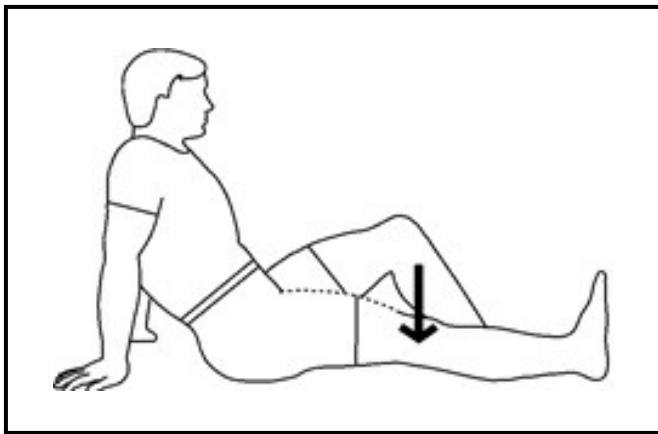
Typically 10-14 days after surgery. The date and time is in your post op folder. Your stitches will be removed at this time. If you do not see an appointment in your folder. Please call my surgical scheduler at 201-679-3084 (ext. 12696) or 551-501-5060

Post-Op Knee Exercises:

These Exercises can begin the first day after surgery.



Heel Prop: The heel prop is performed by placing a bolster under the patient's heel allowing the knee to fall into hyperextension. Do this 3-4 times a day for 10-15 minutes at a time



Quadriceps Isometric Contractions: With the knee in the fully extended position, squeeze the quadricep and push back of knee down into the floor. Do 3 sets of 10 repetitions 3 times a day. Each contraction should be held for a count of 6 sec.



Active Heel Lift: The patient is able to lift his/her heel off the table and make the knee go into hyperextension by contracting the quadricep muscle. Do 3 sets of 10 repetitions 3 times a day. Each contraction should be held for a count of 6 sec.



Towel Stretch: The towel stretch exercise is performed to increase knee extension. A towel is placed around the ball of the foot and the opposite hand holds down the distal part of the thigh. The patient pulls the towel up bringing the knee into hyperextension. Do this 3-4 times a day for 10-15 minutes at a time.



Passive knee extension: Sit in a chair and place your heel on the edge of a stool or chair. Relax the thigh muscle. Let the knee sag under its own weight until maximum extension is achieved. Do this 3-4 times a day for 10-15 minutes at a time.