

SVO

SILICON VALLEY ORTHOPAEDICS

Postoperative Instructions: Knee Arthroscopy

❖ GENERAL

- Your surgery was performed through an incision at the side of your knee. It is normal to experience some sharp pain in the knee when working on moving your knee. You are not doing any damage by moving the knee and feeling this pain.

❖ DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated.

❖ WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs, or wrap your foot and ankle with an ACE wrap.
- It is normal for the knee to bleed and swell following surgery- if it soaks through the ACE bandage, do not become alarmed- reinforce with additional dressing.
- Remove surgical dressing on the **third post-operative day**- if minimal drainage is present, apply dry gauze over incisions and change daily- you may then shave around the wound as long as the wounds remain sealed with a large piece of gauze and tape.
 - **REMOVE THE ACE WRAP, GAUZE WRAP AND GAUZE. DO NOT REMOVE THE WHITE BANDAIDS (STERISTRIPS) ACROSS THE SKIN OR ANY SUTURE MATERIAL YOU NOTICE.**
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office.
- To avoid infection, keep surgical incisions clean and dry- you may shower by placing a large garbage bag over the brace starting the day after surgery- NO immersion of operative leg (i.e. bath/pool) and no water running over the wound.
- If you are not using a brace, keep the incisions dry for 3 days and when you shower on day 3, keep the incisions covered with gauze to avoid direct impact of water with the wound, and make sure to change gauze after the shower.



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❖ MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that it's in your system before this wears off.
- Most patients will require narcotic pain medications for a short period of time (max. 6 weeks)- this must only be taken as prescribed/written on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation- to decrease the side effects, take medication with food- if constipation occurs, consider taking an over-the-counter laxative.
- If you are having problems with nausea and vomiting, please contact the office at (510) 739-6520 and speak with a staff member about possible medication changes.
- **Do not** drive a car or operate machinery while taking the narcotic medication.
- Ibuprofen 800mg (i.e. Advil) may be taken in between narcotic pain medication to provide baseline relief, reduce the overall amount of pain medication required, and to help increase the time intervals between narcotic medication usage.

❖ ACTIVITY

- Elevate the operative leg ABOVE chest level whenever possible to decrease swelling. This involves lying completely flat with the leg elevated. The first 48 hours is a balance between mobilization (which is encouraged) and elevation (to be done whenever possible).
- **DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE** (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will keep the knee straight when elevating. You will feel a pull at the back of the knee when you perform this, this is normal.
- Crutches are only for comfort the first 24-48 hours after surgery, feel free to walk without crutches as soon as you believe you can safely do so.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician and no driving while taking narcotic pain medications.

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- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable. If any work/school notes are needed, please contact the office.

❖ ICE THERAPY

- Begin immediately after surgery.
- Use ice machine or ice (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit. Icing is a perfect time to also perform elevation.

❖ EXERCISE

- IMMEDIATELY AFTER SURGERY: Perform straight leg raise and ankle pumps directly after your surgery. Try to do 100 of each, every day. This can be broken down into 10 sets of 10 reps.
- You cannot do too many ankle pumps (another good reminder to do them during commercials on TV).
- Discomfort and knee stiffness is normal for a few days following the surgery.
- Formal physical therapy (PT) will begin after your first post-operative visit and the script is sent directly to the PT location.

❖ EMERGENCIES**

- Contact the office if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever greater than 101.5° at least 48 hours after surgery or chills
 - Redness that is spreading around incisions
 - Continuous drainage or bleeding from incision (a small amount is expected)
 - Excessive nausea/vomiting
 - Difficulty breathing/chest pain- Consider going directly to the nearest emergency room if this is persistent
- **If you have an emergency after hours or on the weekend, contact Becca on her cell number. She can connect you with me.
- ***Do NOT call the hospital or surgery center.**
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.



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❖ FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of your surgery to check on your status.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal business hours (8:00am-5:00pm) and ask to schedule between 7-14 days after your surgery.

Please discharge patient when discharge criteria have been met. Patient is alert, oriented, and ready for discharge.

PHYSICIAN SIGNATURE

DATE

RN SIGNATURE

DATE