



PATIENT INTRUCTIONS FOLLOWING ARTHROSCOPIC KNEE SURGERY

INTRODUCTION:

Though arthroscopic surgery is an outpatient procedure or involves a short hospital stay, it is often "a lot of surgery through small holes". As with any type of surgery, the follow-up care is very important if the end results are to be satisfactory.

It is the purpose of these instructions to give you, the patient, some idea of what to expect as well as to summarize the doctor's instructions on home care and rehabilitation.

MATERIALS TO PURCHASE ON THE WAY HOME:

In addition to your prescription medications, we strongly recommend buying a package of waterproof bandaids as well as regular bandaids. The regular bandaids allow some air circulation whereas the waterproof bandaids allow you to take a shower. A small bottle of Betadine and perhaps some cotton balls will also be helpful.

WHAT TO EXPECT:

Even though your surgery has been performed through very small incisions or puncture wounds, there will be some swelling and discomfort. The amount of swelling and discomfort is variable, but should not be severe except on rare occasion. There will be discomfort and stiffness when bending the knee or walking. Your leg may feel quite heavy and somewhat difficult to move for two to three days. For the 1st 48 hours postop you may have a small amount of fluid draining from the three small puncture wounds. This may be blood or mixed with clear yellow-colored fluid. A small amount is normal and should not be a cause for alarm. Call if drainage does not stop by 48 hours postop.

INSTRUCTIONS:

1. Intermittently, for the first 48 hours following surgery, elevate the operative knee above the heart. Ice in a zip-lock bag may be used liberally.
2. 48 hours postop, you should remove the ace bandage and the rest of the dressing all the way down to the skin. After removing the dressing, apply waterproof bandaids over all arthroscopic portals. You may now take a

shower. Following completion of the shower, dry off thoroughly from head to toe and then remove the waterproof bandaids. Apply Betadine to the cotton balls and gently paint over the portals with the Betadine solution. This decreases the germ count where the sutures enter your skin. Wait until the Betadine dries and then apply regular bandaids. This may be repeated daily to allow for showering. Do not bathe or swim even with waterproof bandaids until sutures are removed. You may also find that continued intermittent use of ice is helpful of decreasing pain and swelling. Place a thin cloth (T-shirt) between the skin and the ziplock ice bag (2/3 full to contour to knee). Then use the Ace wrap from your surgical dressing (launder if necessary) to hold the ice bag in place. This allows greater mobility while icing the knee.

3. ***Unless you are told otherwise*** you may full weightbear and walk on the operative leg as soon as discomfort permits. Crutches are used primarily for balance, not to completely relieve weight from the knee. Gradually increase the amount of weight on the operative-side lower extremity until you can bear full weight without significant discomfort. You may then discontinue the use of the crutches.

4. You should bend the knee as much is comfortable but do not overstrain or force it into extreme positions. You should do straight leg raising exercises, 20 repetitions, 6 to 8 times per day. These are done by hold the knee straight and lifting the leg 6 inches off the bed and hold it in this position for 8 to 10 seconds each time. Lower the leg, rest a few seconds, then repeat the exercise. If you have a history of back pain, these may be less painful if you do the straight leg raises from a seated position. Quad setting exercises should also be performed. To do these, simply tighten your anterior thigh muscles for a count of 10. Relax. Do this 40 to 50 times per day. You should also wiggle your ankle up and down, and wiggle your toes frequently as well. This promotes good circulation to the leg.

5. If you have no history of ulcers or other stomach problems or aspirin intolerance, it may be wise to take one aspirin per day starting the day of surgery. We would advise you to take this for a total of two weeks. You do not have to take aspirin if you are taking ibuprofen or other standard over-the-counter anti-inflammatory medications.

6. You will be prescribed a pain medication to take after surgery. Wean yourself from the pain medication as soon as discomfort allows. Constipation, grogginess and, occasionally, confusion, are side effects. Do not under any circumstances drive an automobile within 8 hours of taking the pain medications. You can get a DUI if you do so.

7. Do not wrap an Ace bandage or anything tightly around your knee unless your doctor specifically instructs you to do so. This may cause excessive swelling and decrease circulation.

8. Return to full unlimited and unrestricted activities and/or sports only after consulting with your doctor. Even though your knee may feel well early in the postoperative period, the strength in the muscles may not have been adequately rehabilitated to protect your knee from reinjury. You may otherwise return to your usual activities or to work as soon as your knee feels well enough to do so. Remember, the knee may actually be weaker than it feels. Take precautions to prevent reinjury.

THINGS TO WATCH FOR:

1. Fever (temperature greater than 101.5). Redness around the knee or around the puncture wounds; severe pain and/or significant swelling with redness are signs of infection and should be reported immediately to your doctor.

2. Substantial swelling and redness and warmth about the calf muscles may be signs of phlebitis/blood clots and should be reported at once. Blood clot formation in the leg is an extremely rare complication. Mild to moderate swelling is common and is usually normal following arthroscopy.

3. Unless your doctor has told you otherwise, you should call the office appointment line at 494-9002 to make an appointment for follow-up visits between 10 and 12 days from the day of your surgery. Your appointment is often made for you at the surgical center, but please make certain you have a follow-up appointment.

THANK YOU:

It is our privilege to serve you by providing orthopedic care. If you have any further questions, please call _____, and ask for his nurse, _____. If you have left a message, your call will be returns by the end of the business day.