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## Post-Operative Instructions: Knee Arthroscopy

(i.e. Partial Menisectomy, Chondroplasty, Debridement, Removal Loose Bodies)

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### Pain Management:

- Post operative pain is best controlled with multi-modal treatment. This typically involves a combination of some or all of the following medications/injections: Regional nerve blocks (interscalene nerve block), NSAID's, acetaminophen, narcotic medications, and/or gabapentin.
- Medication prescriptions will be provided at the time of your surgical procedure.
- Do not drink alcohol while taking pain medication.
- Icing the affected area can be very effective in controlling swelling and inflammation and can also be effective in helping to control pain.
- ***Note: Exceeding the maximum amount of pain medicine, Tylenol/acetaminophen or taking alcohol with these medicines can lead to liver failure and death.***

### Ice:

- Ice can be very beneficial for pain management and controlling inflammation.
- You may have been provided with either an ice pack; however, a bag of ice or simple a large bag of frozen peas works just as well.
- It is recommended that you ice frequently during the first 48 hours following surgery.
- Keep a layer (shirt or dressing) between the ice and your skin to avoid frost bite.

### Diet:

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

### Medications:

- Resume your pre-- surgical medications unless instructed otherwise.

### Wound Care:

- A large amount of fluid is used during your arthroscopy and drainage from the wounds is common during the first 2 days after surgery.
- Increasing pain, increasing redness around your incision, or yellow, thick drainage, more than 3 days following surgery, is concerning and should be reported to your surgeon.
- Change your dressing the second day following surgery. Apply Band-- Aids over incisions.
- Your sutures will be removed by our surgeon, his physician assistant, or nurse at your first post-- surgical office visit.
- Swelling and bruising in your knee and lower leg is common following surgery; don't be concerned.
- If you develop calf pain notify your surgeon right away as this can be from a blood clot or DVT which needs to be promptly addressed.

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**Bathing:**

- You may shower 24 hours after your surgery. Simply allow the water to run over the incisions and blot dry.
- Do not submerge the operative site in water such as a bath tub or hot tub until cleared by your physician.
- If you are unsteady following your surgery you should use a shower chair or stool.

**Activity:**

- Start your knee exercises the 1<sup>st</sup> day following surgery. These exercises are to be performed for 15 minute sessions three times per day.  
*See attached exercise sheet.*
- You are encouraged to walk in a controlled environment; however, if you are overly active it will likely result in increased swelling and pain.
- Driving may be resumed when you are off narcotic pain medications and feel you can safely control your vehicle. Generally, if your right knee was operated on it takes longer to recover to where you are safe to drive. Estimate time to drive is 14 days after surgery; however, this can vary from person to person.
- No physical therapy unless otherwise instructed by your surgeon. The determination of whether or not physical therapy is necessary will be determined by your physician at your first post-operative appointment.

**Common Post-- Surgical Issues:**

***Constipation:***

- This means difficulty with bowel movements. This is very common following surgery and is related to decreased level of activity and narcotic pain medication.

- Some things that can be helpful in addressing this issue:

- Minimize use of narcotic pain medicine
- Fluids: Drink a lot of water or Gatorade
- Walking
- Foods high in fiber or prune juice.

***Urinating:***

- May develop temporarily following surgery, this is typically seen in men.
- This problem should be monitored by the post-surgical nurses; however, if you are discharged home and unable to urinate (pee), you will need to go to the emergency room or contact your urologist.

***Nausea:***

- The feeling that you are going to throw up is a common post-surgical issue typically related to general anesthesia and narcotic pain medication.
- The following can help with nausea:
  - Minimize narcotic pain meds
  - Avoid carbonated drinks
  - Avoid dairy
  - Start with bland foods such as chicken soup.

***Itching:***

- This generally represents an allergic reaction to either a new medication or the tape from your dressing.
  - If the itching and rash is around your dressing you may take off your dressing
  - Benadryl (over the counter) can be helpful. The dose is 25-- 50mg every 8 hours.

- If the rash does not improve notify your surgeon.
- If you develop a more severe reaction such as wheezing, chest tightness or shortness of breath go to the emergency room immediately.

**Work:**

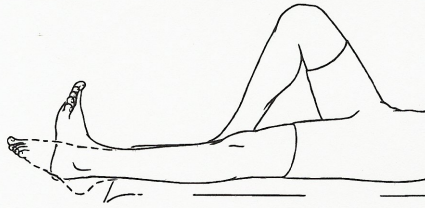
- If you have a desk job you should be able to return to work 2-- 10 days after surgery. However, initial work restriction is limited standing
- If you work in an occupation that requires more strenuous activity or light duty is not available your return to work will be delayed.
- Maximal medical improvement and full duty without restrictions is estimated at 3-- 4 months.

**Questions:**

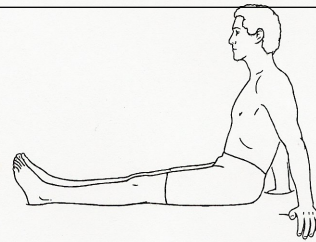
- If you have any problems or concerns please contact Lake Cook Orthopedics and speak with a nurse or physician assistant. They will be in contact with your physician to make sure the issue is addressed.
- Don't hesitate to call. Problems are often simply addressed when caught early but can become more difficult to address at a later date.

**Follow-- up appointment:**

- Your follow-- up appointments should have been scheduled prior to your surgery (see attached page).
- Be sure to double check which office you are scheduled at for your follow-- up appointment.

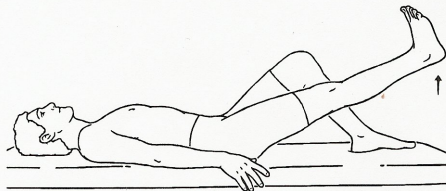


With  relaxed, gently flex and extend ankle.  
Move through full range of motion. Avoid pain.  
Repeat 20 times per set. Do 1 sets per session.  
Do 3 sessions per day.



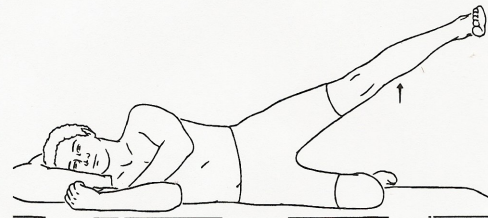
Tighten muscles on top of thighs by pushing knees down into surface. Hold 10 seconds.  
Repeat 20 times per set. Do 1 sets per session.  
Do 3 sessions per day.

HIP / KNEE - 17 Strengthening: Straight Leg Raise  
(Phase 1)



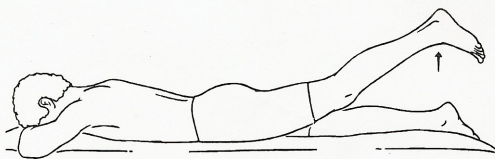
Tighten muscles on front of  thigh, then lift leg  
         inches from surface, keeping knee locked.  
Repeat 10 times per set. Do 2 sets per session.  
Do 3 sessions per day.

HIP / KNEE - 21 Strengthening: Hip Abduction  
(Side-Lying)



Tighten muscles on front of  thigh, then lift leg  
         inches from surface, keeping knee locked.  
Repeat 10 times per set. Do 2 sets per session.  
Do 3 sessions per day.

HIP / KNEE - 20 Strengthening: Hip Extension (Prone)



Tighten muscles on front of  thigh, then lift leg  
         inches from surface, keeping knee locked.  
Repeat 10 times per set. Do 2 sets per session.  
Do 3 sessions per day.

HIP / KNEE - 6 Self-Mobilization:  
Knee Flexion / Extension (Sitting)

Gently push  leg  
back with other leg until  
a stretch is felt. Hold  
5 seconds. Relax.  
Recross bent legs  
at ankles. Slowly  
straighten legs,  
pushing with lower leg.  
Hold 5 seconds.

Repeat 10 times  
per set.  
Do 2 sets  
per session.  
Do 3 sessions  
per day.

