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POST-OPERATIVE INSTRUCTIONS
Knee Lysis of adhesions/Manipulation under anesthesia
Dr. Colten Luedke

MEDICATION

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
 - o Pain medication may cause constipation. You may take an over the counter stool softener (Colace, Senekot, etc) to help prevent this problem.
 - o You should take these medicines with food or they may nauseate you.
 - o 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.**
 - o Most patients find it helpful to take two pills 10-12 hours after surgery and another two, four hours later to help transition to oral pain medications.
 - o The first 48 hours are typically the worst for pain and gradually improves.
- Resume your normal blood thinners. If not on a blood thinner take 325mg aspirin once daily.
- Resume all home medications unless otherwise instructed.
 - Call immediately to the office, (979) 776-0169, if you are having an adverse reaction to the medicine or have any questions

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 4 days after surgery unless instructed otherwise. **Do not remove the steri-strips** (small pieces of tape) covering the incisions. If they fall off, cover incisions with waterproof band-aids.
- Incisions may not get wet until after your first postoperative visit. NO

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- submersion of wounds (bath, hot tub, pool) until instructed.
- 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.
- Continue to use the bag or plastic wrap to keep incisions dry for at least 2 weeks after surgery.
- NO submersion of wounds (bath, hot tub, pool) is allowed until instructed to be safe.

CRUTCHES

- You can begin walking on your operative immediately

BRACE

- No brace will be needed

EXERCISE- you will need to start physical therapy Day 1 after surgery!!!

- Therapy is the MOST IMPORTANT PART of your recovery process!!
- Without aggressive therapy and motion your knee will develop more scar tissue and will be painful and lack motion forever!
- Following surgery 4 main goals exist:
 - 1. Regain full knee extension ****the most important****
 - 2. Quadriceps contraction and activation
 - 3. Control of pain and swelling.
 - 4. Maintain patellar mobility
- To help gain full knee extension, place a small rolled up towel under your ANKLE and push the back of your knee toward the floor by contracting your quadriceps muscle.
 - **NEVER place towels or pillows under the knee or allow the knee to rest slightly flexed**
- 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 for 25 reps.
- DO NOT put pillows under the knee while you sleep. This can lead to a flexion contracture. Instead, place the pillows under your heel to ensure full knee extension.
 - 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 as well.

SLEEP

- Nighttime will probably be the most uncomfortable time. You should use the sleeping aid as prescribed to assist you in resting well.
- You should sleep in your post-op brace until your first post-op visit where you will get additional instructions depending on your progress.
- You may slightly loosen the straps to aid in sleeping if you feel they are tight.

COLD THERAPY

- Ice or cryo-cuff (if you are given one) 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 2-3 days.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt between your skin and the ice or cryo-cuff.
- A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat after you have finished.

BRUISING

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

Driving

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Can I drive after surgery?

You may not drive yourself home from surgery. You must have a driver.

You may not drive when you are taking narcotic pain medication. Studies show it can take up to 6 weeks after surgery of the right leg to return to normal braking time and sometimes 9 weeks after an injury around a joint

The legal position is that it's the patient who makes the decision as to whether you are safe to drive. I typically say, if you can SLAM on the brakes if a 3 year old runs in front of your car...it's probably ok to start driving. As a result you, the patient, are responsible for going back to driving safely.

EMERGENCIES • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- 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 is normal)
 - severe pain not relieved by pain medication/ice/elevation of leg
 - redness or continued drainage around incisions (a small amount is normal for a few days)
 - 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 have stopped using crutches.
- You must be able to brake firmly and comfortably.