

# POST-OPERATIVE INSTRUCTIONS Knee Arthroscopy 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 (Miralax, 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 COMPLETELEY 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.
- Take one regular aspirin (81 mg) twice a day for 30 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- 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



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**

- Crutches can be used as needed
- You can begin walking on the leg once you feel comfortable doing so
- BRACE- generally no brace is needed except for special circumstances

### **EXERCISE**

- Following surgery 4 main goals exist:
  - o 1. Regain full knee extension \*\*the most important\*\*
  - o 2. Quadriceps contraction and activation
  - o 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

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clots as well.

• Therapy is a key aspect of recovery and should start within 2-3 days after surgery.

#### **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 purchase 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**

# 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 <u>patient</u> 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:
  - o Uncontrolled nausea or vomiting
  - o reaction to medication
  - o inability to urinate
  - o fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
  - o severe pain not relieved by pain medication/ice/elevation of leg
  - o redness or continued drainage around incisions (a small amount is normal for a few days)
  - o 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.

If you have any questions, please do not hesitate to contact the office.