Outpatient Knee Surgery

DIET
- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.
- Take pain medicine with food – crackers, bread, etc.

WOUND CARE
- Maintain your operative dressing, loosen bandage if swelling or tingling of the ankle or toes.
- It is normal for the knee to bleed and swell from the surgery site. If blood soaks onto the bandage, do not become alarmed; reinforce with additional dressing.
- If blood saturates more than 2 bandages call Borgess Orthopedics at (269)343-1535.
- Remove surgical dressing on the 2nd post-operative day. If minimal drainage is present, apply bandaids over incisions. Do not use antibiotic ointment.
- To avoid infection, keep surgical incisions clean and dry. You may shower on the 2nd day. No immersion of operative leg until instructed by staff.

MEDICATIONS
- Pain medication is injected into the wound and knee joint during surgery. This will wear off within 8-12 hours.
- Aleve 500mg 2 times per day may be taken for pain if you do not have a history of bleeding or ulcers.
- Some patients will require narcotic pain medication for a short period of time. This can be taken as per directions on the bottle. Potential narcotic side effects include: constipation, nausea, vomiting, sleepiness.
- If nausea and vomiting continue for more than 12-24 hours, contact the office to have your medication changed (269)343-1535.
- Do not drive a car or operate machinery while taking the prescription pain medication.
- Increase vegetables, whole grains, and water intake to decrease risk of constipation related to pain medications.
- Drink a full glass of water with every dose of medication (prescription or over the counter) and take with food.

ACTIVITY
- When sleeping or resting, elevate the leg with the support of a few pillows at the ankle to reduce swelling and pain.
- Do not engage in impact activities which increase pain/swelling over the first 7-10 days following surgery.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- No driving or operating heavy machinery until you are off all prescription pain medications.
- You may return to sedentary work or school 1-3 days after surgery, if pain is tolerable.
WEIGHT BEARING and RANGE OF MOTION

- Meniscectomy / chondroplasty: Weight bearing as tolerated.
- ACL Reconstruction: Progress to weight bearing as tolerated. Range of motion as tolerated.
- Meniscus Repair: 50% flat-foot weight bearing as tolerated with the use of crutches for 6 weeks. Range of motion 0-90° in brace.
- Microfracture: 50% flat-foot weight bearing with the use of crutches for 6 weeks. Full range of motion as tolerated.

ICE THERAPY

- Begin icing immediately after surgery using the compression machine or cold packs.

EXERCISE (see below)

- Knee flexion as tolerated 5-10 minutes, 4 times per day.
- Begin knee exercises the following day after surgery unless otherwise instructed by the surgeon
  - Towel Roll extensions 3 times per day for 20 minutes
  - Knee Flexion Progression 3 times per day
  - Straight Leg Raises: Hold for 2 seconds, repeat 10 reps, 3 times per day
- You may also begin ankle and foot range of motion on the first post-operative day about 2-3 times per day.

EMERGENCIES

- Contact Borgess Orthopedics (269)343-1535 if any of the following are present:
  - Painful swelling or numbness, tingling, color change, or coolness in the ankle or foot
  - Unrelenting pain
  - Fever over 101 (It is normal to have a low grad fever for the first day or two following surgery)
  - Redness or worsening pain around incisions
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - Difficulty breathing, wheezing
  - Excessive nausea/vomiting causing inability to keep anything down for 12-24 hours
  - Inability to urinate

WHAT TO EXPECT AT YOUR FIRST POST OPERATIVE VISIT

- Suture/stitches will be removed and new bandage applied.
- Follow up Xrays will be taken if indicated.
- Next follow-up visit will usually be scheduled for 4-6 weeks