

Postoperative Instructions- 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
- Most patients will require some narcotic pain medication for a short period of time- this can be taken as per directions on the bottle, surgeon will write this while you are in the recovery room
- Potential side effects are constipation, nausea, vomiting, sleepiness
- If nausea and vomiting continues 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
- Ibuprofen 600mg 3 times per day (ie Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys' (if you do not have a history of bleeding or ulcers), and may decrease overall amount of prescription pain medication required, and increase intervals between narcotic pain medication usage
- 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 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 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
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

WEIGHT BEARING and RANGE OF MOTION

- ACL Reconstruction- Progress to weight bearing as tolerated. Range of motion as tolerated.
- Meniscus Repair - toe touch weight bearing as tolerated with the use of crutches for 6 weeks. Range of motion 0-90° in brace.
- Microfracture- Toe touch 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
 - Quad Sets- contact Quadriceps muscle and hold for 5 seconds, repeat 20 times, 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
- Formal physical therapy, if needed, will begin 2-6 weeks after surgery

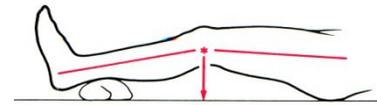
Quad Sets



Straight Leg Raises



Towel Extensions



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) or chills
 - Redness or tenderness 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 or decrease in urination

WHAT TO EXPECT AT YOUR FIRST POST OPERATIVE VISIT

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

