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Sports Medicine and Shoulder Specialist

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POST-OPERATIVE EDUCATION: KNEE ARTHROSCOPY

WEIGHT BEARING & BRACE: An ACE bandage worn on the knee for the first 2 weeks will help control swelling. Additional information is dependent on the procedure performed:

Meniscectomy and/or Chondroplasty: Advance weight bearing as tolerated. No brace is required.

ACL reconstruction: A brace will be placed on your knee after surgery. This should be kept in the locked position while you walk until sensation in your leg returns. Crutches should be used during the first 4-6 weeks following surgery. You can gradually put part of your weight on your leg (while using the brace and crutches) over the first week up to 50% of your body weight.

Meniscus repair, Microfracture, ACL or other Cartilage Procedure: You will wear a brace after surgery. This needs to be worn at all times, and must be locked EVERY TIME you walk for 6 weeks. You may NOT put your weight on your operative leg. That means that you MUST use crutches or a walker EVERY TIME you walk for 6 weeks. We DO want you to be up and around at home as much as possible after surgery.

MOVING YOUR KNEE:

It is OK for you to start bending your knee right away (unless otherwise directed by your surgeon). At first, sit at the edge of your bed and let gravity help you bend your knee. You may use your other leg to help support your operative leg. We also recommend that you spend 30-60 minutes four times a day with your knee straight. Place a small pillow under your ankle so you really feel the stretch behind your knee. You should also elevate your foot 30 minutes four times a day to your heart level or above to help reduce swelling.

LEG EXERCISES:

You may start doing straight leg lifts right away. While lying in bed, simply keep your leg straight and lift it off of the bed. Hold it up for a count of 5. Do this 10 times, and repeat three times a day. It will be difficult at first, but don't give up, even just flexing your quad muscle without lifting your leg is helping make your leg stronger. You may start doing knee extensions at the edge of your bed as comfort allows. You should do ankle pumps throughout the day to help reduce swelling and prevent a blood clot.

ICE:

Please note that with the dressings placed during surgery, you may notice decreased benefit from the ice. Use as needed and if you notice benefit. Ice is most helpful in the first 3 days after surgery, but can help up to 2 weeks after surgery. We do not recommend that you use heat, as this can increase swelling. If you chose to purchase a commercial ice machine, please use it according to manufacturer's recommendations. If you chose not to purchase an ice machine, you may use a commercially available ice bag or fill a large plastic bag with ice and water. (Do not place a plastic bag directly on your skin, rather place a towel on your knee in between your skin and the ice bag.) You can ice your knee 20 minutes on and 20 minutes off throughout the day. Do not ice an area longer than 30 minutes at a time, as this can cause frost bite.

BANDAGES:

You may unwrap the ACE bandage and remove WHITE gauze the morning after surgery. Leave the YELLOW gauze on and cover with Band-Aids, then replace the ACE bandage to minimize swelling. You may remove your bandages and shower three days after surgery. If you have white Steri Strips, DO NOT remove them. If a *Prineo* mesh dressing was applied, it will be removed at your post-operative visit. It is OK to get your incisions wet, but it is important not to soak the incision underwater (no bath, pool, hot tub etc...) for 3 weeks. Wash the incisions gently with mild soap and pat dry. Do not put any lotion or other ointment on your incisions. You may cover sutures with Band-Aids for comfort. An ACE bandage worn on the knee for the first 2 weeks will help control swelling.

MEDICATIONS:

Narcotic pain medicine (such as Percocet – oxycodone or Norco – hydrocodone): Take this AS NEEDED only.

Start with Percocet (stronger) if given a prescription for multiple narcotics. Transition to Norco (less potent) as your pain improves. You may stop narcotics whenever you can tolerate the pain. Do not take additional Tylenol (also called acetaminophen) with these medicines, as they already have Tylenol in them. You may SUBSTITUTE Tylenol for a narcotic pill if you choose to. Be certain that you do not exceed the maximum Tylenol dose as noted on the Tylenol bottle.

Stool softener: Pain medicines often cause constipation. It is best to take this medicine when you start taking narcotics and before you have a problem.

Ecotrin (stomach-protective aspirin): If indicated, to be taken for 4-6 weeks for prevention of blood clots.

Zofran (ondansetron): You may take this medication if you are having nausea or vomiting.

Robaxin (methocarbamol): This muscle relaxer may help with spasms experienced commonly after knee arthroscopy.

For Chondroplasty or Meniscectomy ONLY: It is OK to take over-the-counter NSAIDs (Ibuprofen, Motrin, Advil, Naproxen, Aleve etc...) along with your pain medicine to increase the pain relief. You may take UP TO 4 Advil (800mg Ibuprofen) THREE times a day. You may take UP TO 2 Aleve twice a day.

You may also use **SCDs** (sequential compression devices) following surgery. These squeeze your legs, and are further protection against blood clots. Compression stockings should be worn for 3 days, with short breaks.

FOLLOW-UP APPOINTMENTS:

You should have a **follow-up appointment** with your surgeon in about 2 weeks. You will also have an additional visit with the Physician's Assistant within a few days of your surgery. Call (480) 964-2908 right away if you do not have an appointment already scheduled. We will check your incisions and remove any sutures at the 2-week visit. We will also answer any specific questions you may have about your surgery. You should start Physical Therapy as directed (commonly within 1-3 days of surgery), unless other instructions were given.

CALL OUR OFFICE at (480) 964-2908 with any urgent or emergent questions or concerns that you may have, or if you develop swelling in your leg with calf pain, swelling that will not go away when you elevate your leg, a temperature above 101.4, or drainage from your incisions.

If you experience high fever (above 102.5), chest pain, difficulty breathing, fainting: go to an **Emergency Department** close to your house.