

Knee Arthroscopy: Postoperative Protocols

Wound Care

- You will have a compressive ace wrap over a sterile gauze dressing. If the dressing feels too tight, you may loosen the ace wrap
- Please keep the dressing clean and dry. You may take a sponge bath, or shower with a waterproof bag over the leg (use rubber bands or tape at the top to prevent leaks).
- Remove the ace wrap and gauze 3 days after surgery to inspect the incisions. Steri-strips (butterfly bandages) may be visible, leave them in place. If the incisions are dry, you may leave the knee open to air. You may get the incision wet 5 days after surgery, but do not submerge in water.
- Some clear, yellowish, or bloody drainage from the incisions is normal. If this happens, please keep the dressing in place until there is no further drainage.
- Occasionally there is excessive bloody drainage; please change the dressing when it becomes completely saturated. Sterile gauze is available at the pharmacy. *If you continue to have saturated dressings beyond the first few dressing changes, please call the office.*
- *If the incisions are draining pus (opaque, thick, white fluid), or if there is redness that worsens over the next 1-2 days, call the office immediately.* Do not apply any ointments or creams.
- Most sutures are absorbable and require no further care. If non-absorbable sutures are used, these will be removed at your follow up appointment.

Activity

You may be weight bearing as tolerated. Crutches are usually not necessary, but they may be provided to assist your operative leg if you cannot comfortably support your weight. If using only one crutch (or a cane), it should be held on the opposite arm and should move at the same time as the operative leg.

Avoid heavy lifting, running, climbing, squatting, or any high-impact activities. Please use pain as your guide; any activity that causes severe pain should be avoided.

Exercises

Formal outpatient physical therapy is usually not required. You may work on your range of motion 2-3 times daily. Bending is accomplished by sitting in a chair and allowing gravity to bend the knee. Use your good leg for support by resting it behind the calf of your surgical leg.

You may work on quadriceps muscle activation by performing quad sets and straight leg raises while lying on a flat surface.

Tense your quad muscle for 5 seconds, do a set of 5, and repeat 5 times/day, then increase as tolerated. Increase difficulty by lifting your leg and keeping it as straight as possible.

Controlling your pain and inflammation

Some pain and swelling is expected after surgery. It is usually most severe for the first 2-3 days. The following strategies are especially important during this time.

- **Rest** - Take things easy for the first few days, try to rest and avoid prolonged walking or standing.
- **Ice** - Apply an ice pack (or a cold therapy machine if you have one) to your operative knee to reduce pain and inflammation. Take care not to put ice directly on the skin. Ice for 30 minutes at a time, and remove for 30 minutes in between sessions. You should continue this for the first 2-3 days or longer if you still have pain and swelling.
- **Elevate** - Put pillows under your operative leg and lie flat so that your knee is above your heart. This will help to drain fluid from the leg and reduce swelling.

- **Medication** - You may have received a prescription for narcotic and/or anti-inflammatory medication. Please take them as instructed. The medication is most helpful if taken 30-45 minutes prior to any planned activity or exercise.

Follow up appointment

If an appointment has not already been scheduled, please call the office at 206-633-8100 and schedule an appointment for 7-10 days after your surgery. During this visit we will examine the surgical incisions, remove sutures if necessary, and progress your activity.

Returning to work

You may return to work when it is safe to do so within the above activity restrictions. Please keep in mind that your employer may have policies that prohibit narcotics while at work. Please continue to ice and elevate while at work. You may need to ask for frequent rest breaks in order to avoid prolonged standing or walking. A doctor's note or a Duty Status form can be provided during your follow up appointment.

Driving

For those who had LEFT knee surgery, you may drive an automatic transmission once it is comfortable to do so and you are no longer taking narcotic medication. For the RIGHT knee, or those with manual transmission, it may take anywhere from 1-3 weeks depending on your pain level, strength, etc. Please wait to drive until after your follow up appointment so that we can assess your progress.

Medications and common side effects:

- **Narcotics** (eg., hydrocodone, oxycodone) - Prescription medication used to reduce pain. They may cause drowsiness, confusion, nausea, and constipation. Please minimize their use. To avoid constipation, increase your intake of fiber, fruits, and vegetables, and stay hydrated. Constipation can be treated with over the counter laxatives; see separate handout.
- **Anti-inflammatories** (eg., Ibuprofen, Naproxen) - Used to reduce pain and inflammation. Avoid them if you have diagnosed kidney disease or active ulcers. They may cause upset stomach; please take them with food. To treat an upset stomach, try an over-the-counter antacid or proton-pump inhibitor (ask your pharmacist for assistance).
- **Acetaminophen** (Tylenol) - Used to reduce pain and decrease fever. Avoid taking this medication if you have liver disease. Taking more than the recommended dose can lead to liver damage. For an adult, it is safe to take up to 3-4,000 milligrams each day (24 hour period). Some prescription narcotics already have acetaminophen in them.
- **Antihistamines** (eg., Benadryl, hydroxyzine) - Used to treat some side effects from narcotic use, such as itching and nausea. Can cause drowsiness and confusion.
- **Anti-platelet drugs** (eg., aspirin) - Used to thin the blood and reduce the risk of blood clots. Aspirin may cause upset stomach; please take it with food. If you continue to have upset stomach, try an over-the-counter antacid or proton-pump inhibitor (ask your pharmacist for assistance).

Please call the office if you have the following:

- Fever above 101°, pus draining from wound, worsening redness or rash
- Difficulty breathing
- Continuous bleeding from wound (see "wound care" above)
- Numbness or weakness that continues after 24 hours.
- Intolerable pain when the above strategies for pain control have failed.

For questions or concerns not addressed on this form, please call your orthopaedic surgeon's office. The clinic is closed during the evenings, weekends, and holidays. For urgent matters after hours, an on-call provider can be reached at the above number.