



POST-OPERATIVE KNEE INSTRUCTION SHEET

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KNEE ARTHROSCOPY

GENERAL INFORMATION

Knee arthroscopy is generally done as an outpatient procedure, meaning that you will go home from the hospital the same day as your surgery. Anesthetic can be either general, where you go to sleep, or regional, where an injection is given in the back to numb the legs. In order to go home, you will need to demonstrate an ability to keep down food or fluids, go to the bathroom, and get up and move around a little bit.

PAIN MANAGEMENT

A long acting local anesthetic is generally administered in the knee at the end of surgery to decrease pain. The local anesthetic will last for an average of 8-12 hours, with a range of 6-36 hours. Somewhere during this time period, you should expect that your knee will begin to hurt more, indicating that the local anesthetic is wearing off. When this feeling is noted, it is advisable to begin taking some of the pain medication as soon as the block is felt to wear off, and to try to stay ahead of the pain for the first 12 hours after the block wears off only. After that, pain medication should be taken only to treat pain, as opposed to prevent it. It is not safe to set an alarm to take pain medication at a specific interval, as this can result in overdosing of medication. The interval for taking pain medication, noted on the bottle every 3, 4, or 6 hours, is a minimum interval only. Pain medication does not need to be used any more often than your pain requires. If you have not had any problems with stomach ulcers, kidney disease, liver disease, or aspirin or anti-inflammatory allergies, an anti-inflammatory can be taken along with your pain medication, as long as both medications are taken with food. An average sized adult, for a period of less than 2 weeks, could take 3 Advil/Nuprin/ibuprofen 3 times a day, at the 200 mg over the counter strength. This must always be taken with food. Similarly, Aleve could be taken, 2 pills twice a day. Icing is beneficial, particularly for the first 4 days, and can be applied as often as 10-15 minutes out of the hour while awake. It should be applied a minimum of 4 times a day during the first 4 days. Care should be taken not to place the ice directly over the skin. Ace wrap, dressing, or a towel should always be between ice and the skin.

ELEVATION

Elevation is very important after surgery. For the first 4 days, it is very important that the leg not be left in a hanging position such as the typical sitting position with the foot on the floor. After knee surgery, the circulation in the leg is not normal and blood can pool in the leg, causing a blood clot, which is potentially extremely serious. Unless you are specifically instructed otherwise, you may bear full weight on the operated leg. Unless you are specifically instructed otherwise, crutches are optional at your discretion for balance and stability. If you are not actively walking, however, it is best to have the leg at or above the level of your heart and keep the foot moving up and down, alternatively tensing and relaxing the calf muscle as much as possible. 50 times an hour while awake should be minimum for this.

REHABILITATION WORK

Unless you are specifically instructed otherwise, it is okay to begin working on bending and straightening the knee as soon as you are comfortable. Generally, an office appointment will be scheduled roughly a week after surgery, at which time any sutures placed at the time of surgery will be removed. When possible, a brief videotape showing details of the surgery will be provided. Some patients will require physical therapy at this point, and some will not, depending on the individual situation and the nature of the procedure.

INCISIONS

Your knee will typically have three small incisions surrounding the knee cap for arthroscopic knee surgery. Occasionally, a fourth will be used. You may, if you choose, change the dressing on the second day after surgery. If you do choose to change the dressing, then place a small piece of gauze, available at the drug store, over each incision, and then cover it with an Ace wrap. If you are uncomfortable with changing the dressing, you can choose to leave it in place until your office visit. The incision should be kept dry until after your sutures are removed. You may choose to either take a sponge bath or cover the area carefully with plastic and tape the edges securely and take a shower.

MENISCUS REPAIR

If you had a meniscus tear (torn cartilage) that was repaired, as opposed to having the torn portion removed (meniscectomy), the knee is typically more painful after the surgery and regaining range of motion is more difficult than without a meniscus repair. While it is possible for a meniscus repair not to heal and require further surgery, if a meniscus tear is of a pattern amenable to repair then this is frequently attempted to try to maintain the maximum amount of cartilage tissue in the knee and minimize the risk of long term arthritis.

KNEE IMMOBILIZER

A brace holding your knees straight may be used, especially after meniscus repair. If needed, a brace will be applied in surgery or the recovery room. If you have a brace on as opposed to a soft dressing, you may remove it as often as you like to bend or straighten the knee as long as it is worn while walking and while not actively working on range of motion.

POST OPERATIVE FOLLOW UP

Please call Barbara, or the nurse covering for her, the day after your surgery, to check in and troubleshoot any problems or questions that arise. Roughly a week from surgery should be your first follow up appointment in the office. At that time, the sutures will be removed, and if a video was available from your surgery, it will be given to you at this time. You are free to do as much bending and straightening on the knee as you would like up until this point, as long as the immobilizer is worn according to the above instructions.

SIGNS OF TROUBLE

If, at any point after surgery, you develop a fever higher than 101.5° F, or if you notice significant redness, swelling, or foul smelling drainage from the incision, please contact Barbara or the nurse covering for her during our regular office hours. If the problem occurs after office hours, please call the answering service at **503-214- 5200**. If you experience significant calf pain or swelling, this would be another issue that would be best dealt with immediately. Other questions will generally arise; please feel free to address them to myself or Barbara as needed.