



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Post-Op Instructions for Knee Arthroscopy with multiligamentous knee reconstruction

Jacob B. Stirton, MD

DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing.
- Remove surgical dressing on the second day after surgery – **leave steri strips in place**. Replace dressings with clean 4x4s and ace wrap.
- You can get the incisions wet in the shower (water and soap lightly run over the incisions and pat dry). Simply pad dry afterwards.
- Note that because you cannot place weight on the operative leg that you require the use of a shower chair so that you may safely sit while showering.
- To avoid infection, NO immersion of the operative leg (i.e.: bath or pool) until six weeks after surgery.
- Please do not place any ointments lotions or creams on the incisions.
- Sutures are typically removed between 10-14 days post operatively.

MEDICATIONS

- A nerve block is typically administered by the anesthesia team unless the patient specifically requests otherwise. This will wear off within 24-36 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1-2 tabs every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with



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nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue please contact the office.

- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.
- For 4 weeks following surgery take one aspirin 325mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- You may be toe-touch weight bearing while **in your brace** locked in 30 degrees of flexion immediately after surgery. Use crutches for first 6 weeks after surgery.
- Use continuous passive motion (CPM) machine per protocol for first 4 weeks after surgery.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 2-3 days after surgery, if pain is tolerable.

BRACE

- Your brace should be worn locked in 30 degrees of flexion (slightly bent) when ambulating with the use of crutches.
- Avoid getting the brace wet (remove for shower).

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.



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EXERCISE

- Discomfort and knee stiffness are normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed. Avoid flexing past 90 degrees.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) will begin 4 weeks after surgery. A prescription and protocol will be provided in clinic by Dr. Stirton.

EMERGENCIES

*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.