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Knee Scope Discharge Instructions

Congratulations! You are now ready to begin your recovery after knee arthroscopy surgery. These are some simple instructions to help you in your first steps in this new phase of your journey. Please feel free to contact our office if you have any specific questions or concerns.

Wound Care

Remove your surgical bandages 3 days after your surgery.

Unless stated otherwise, you may shower 3 days after surgery, or as instructed by your doctor. Do not allow the shower water to hit the incision directly.

Maintain your surgical dressing without removing them. It is normal for the knee to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing. If your surgery involves arthroscopy, you will follow-up with Dr. Akoh on postoperative day 3-5 to change the surgical dressings and to go over arthroscopic images. If your surgery does not involve arthroscopy, then you will follow-up in 10-14 days for a wound check. If you are unable to come to your first follow-up appointment, then you can have your physical therapist remove the dressings only (not sutures) and cover the portal sites with bandages. Please do not apply any lotions, ointments or creams to the surgical site. If there is any drainage, keep covered with new dressing daily until dry.

If minimal drainage is present, apply band-aids or clean dressing over incisions and change daily. To avoid infection, keep surgical incisions clean and dry and do not wet your surgical extremity for the first two weeks until sutures are removed in clinic. Please avoid scrubbing the surgical site when showering. Whatever you decide to do, please use CAUTION!! Be careful not to slip, twist, or fall. A stool placed in the shower so you can sit is a great idea so you can stabilize yourself. Do NOT soak in a bath tub, hot tub, or pool until the doctor tells you it is O.K. to do so.

Activity

ICE the knee for 20-30 minutes, 3-5 times a day, especially after therapy or exercising. Do not put ice directly on your skin! This can cause serious injury to you skin! Cover the skin with a towel or cloth before applying an ice pack.

ELEVATE your operative leg for 20-30 minutes, 3-5 times a day. This means that the knee and ankle of your operative leg are propped higher than your heart. Do not put pillows behind the knee, place them under the ankle.

WEIGHT BEARING: The orthopaedic team will discuss with you weight bearing status preoperatively and will be placed on your discharge instructions. Range of motion will also be discussed with your orthopaedic team. If you were provided a brace after surgery, wear it at all times until instructed to do otherwise by PT.

USE crutches as instructed. This will help you walk safely until your strength returns.

WORK with PT. Physical therapy is critical to your recovery process. Physical therapy will help your regain knee flexion (bending), however, being able to fully extend (straighten) your knee soon after surgery is vital! If full extension is not achieved within the first eight weeks, a second surgery may be necessary. With this in mind, you must NEVER put anything under your knee when you are resting, sleeping, or propping your leg up. The pillow must go under the heel.

DVT Prevention

One possible complication after surgery is a blood clot, or deep vein thrombosis (DVT). The best way to reduce your risk for a blood clot is to walk several times per day. If you are at increased risk for blood clots, you will be prescribed an additional medication.

Post-Operative Medications

Sometimes it is appropriate not to take some of your regular home medications until cleared to restart by the Orthopedic Team or your Primary Care Provider. Ask, if you are not sure.

DVT (Deep Venous Thrombosis) Prevention

- **Aspirin: 81mg, Take 1 tab every 12 hours for 2 weeks after surgery.**
  - This is prescribed only for patients with multiple risk factors for DVT
  - This is a blood thinning medicine to help lower your risk developing a blood clot, also called a deep vein thrombosis (DVT).
  - Please take with food. This medication may upset your stomach.
- **NOTE:** If you were on a different blood thinner before surgery, we will likely restart that medication. If you have had a DVT or PE before, have had a stroke, or have an allergy to aspirin (and you were not on a blood thinner) we will likely use a different medicine based on the best medical recommendations.

Pain Medicine

- **Naproxen: 500mg, take 1 tab every 12 hours, as needed for pain.**
  - This is a medicine for pain and inflammation. This medicine is not addictive.
  - We recommend using this regularly for the first 3-4 weeks after surgery.
  - Generally, when used with the acetaminophen, this will help provide steady baseline pain control.
  - Please take with food. This medication may upset your stomach.
  - This is a Non-Steroidal Anti-Inflammatory Drug (NSAID), and is not appropriate to take with other NSAIDs or if you have kidney problems.
- **Norco: 5/325mg, take 1-2 tabs every 6 hours, as needed for severe pain.**
  - This is a narcotic/opioid pain medicine and potentially addictive. Long-term use is discouraged.
  - We recommend using 1-2 tabs every 6 hours for the first 3-4 days after surgery.
  - As your pain levels improve, taper to 1 tab, and discontinue as tolerated.
  - This medication contains Tylenol (acetaminophen); do not take additional Tylenol while taking Norco
- **NOTE:** If appropriate, the Orthopedic Team will provide for pain management for the 90 days following your surgery. Pain medication needs outside of this window should be discussed with your Primary Care Provider or Pain Management Physician.

Other Medications

- **Docusate: 100mg, take 1-2 tabs once a day, as needed for constipation.**
  - This is a stool softener that you should only need while you are taking the narcotic/opioid pain medications. It will help reduce constipation, a common side effect of narcotic/opioid pain medications.
- **Ondansetron: 4mg, take 1 tab every 8 hours, as needed for nausea.**
  - This is a medicine to reduce nausea. You only need to take it if you vomit or feel like you may vomit.

Side Effects

- Call the office if you are having severe constipation or recurrent nausea and vomiting after surgery. Additional medications can be prescribed for these issues.

Common Concerns

Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time, but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.

A sudden rush or feeling of fullness with pain when going from a sitting to a standing position is common after surgery.

Bruising and/or swelling of the shin and ankle is common after surgery. This is caused by bleeding in the knee beneath the skin which can cause bruising and/or swelling that often works its way down the leg into the shin and ankle area. To relieve this discomfort, it is best to ice the leg. If at any time you have discomfort, swelling, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.

A low-grade fever is not uncommon. If you develop a significant fever greater than 101, or if you develop redness or excess drainage from your incision(s), call the clinic during business hours or go to the Emergency Room after business hours.

Atelectasis is a common condition in patients who have been under anesthesia and is a common cause of low-grade fevers during the first 24-48 hours following surgery. It occurs if a patient is not taking normal (deep) breaths and not moving around with normal activity, which is what often happens when patients are recovering from surgery. Taking narcotic pain medications and not doing the normal amount of walking and other activity restrictions can predispose a patient to this condition. However, it is easily remedied by either taking 10 deep breaths at least once or twice every hour, or using the incentive spirometer instrument (ball that floats up in a tube when take a deep breath) if your doctor prescribed one for you when you were discharged.

Constipation commonly occurs after surgery due to taking narcotic pain medication, being inactive, or both. If your bowel habits have slowed significantly or you are unable to have a bowel movement, and you were not sent home on a stool softener, you may need to call the Ortho clinic and ask your doctor to order a stool softener to help you have a bowel movement.

It is important to watch for:

- Increasing pain after 4-5 days
- increasing redness, warmth, or swelling of your operative leg
- drainage from your wound
- a temperature over 101°

If you have any of these symptoms, you should call the office immediately, 770-266-1250.

Driving After Surgery:

The ability for someone to resume driving after surgery is seldom a medical question, but usually a legal question. It is the responsibility of all licensed drivers to always drive safely, no matter what their permanent or temporary impairment may be. Reaction time following surgery may be compromised, secondary to medication and/or pain. The ability to fully use all extremities may be impaired after surgery.

Follow-Up Instructions:

1. Call to confirm the date and time of your appointment, (706) 266-1250. Usually the first Post-Op appointment is 3-5 days after surgery with the Orthopedic Surgeon or the Physician Assistant.

2. Contact your physician's office during office hours at 770-266-1250. The orthopedic staff on-call can be reached through this method if a medical emergency arises.

When to Call the Office?

Do not hesitate to contact our office if any concerns arise. We make every effort to return phone calls in a timely manner. During normal business hours please call the office at 770-266-1250. If after hours, please use the same number, but your call will be routed to one of the physicians on call for our group.