

# Knee Arthroscopy

## Post Op Instructions

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### **Initial Instructions**

- Ice and elevation along with pain medicine are your keys to initial pain management.
- After you arrive home, rest the remainder of the day. You may be tired or nauseated from the anesthesia and/or pain medication.
- You will be given crutches upon discharge. Continue to use until you can walk without a significant limp.
- If you were fit for, supplied with, or directed to use a brace, be sure to use it as directed.

### **Dressing Change**

- Leave the dressing in place for 48 hours following surgery or until you visit physical therapy
- After this, remove the dressing making sure to leave the sutures of the incisions in place.
- You may now apply a new, clean, dry dressing at least once a day.
- Place sterile gauze over the incisions and then wrap the knee with an ACE bandage.
- It is extremely important to keep the surgical site clean and dry at all times to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.4 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately

### **Bathing**

- You may shower **5 days after your surgery** and get your incisions wet as long as the wounds are dry and not draining. Let the water run down over the incisions but do not rub or scrub them.
- If the wounds are draining, then wait until they are dry before getting them wet.
- **Do not soak or submerge** the surgical site until the wounds are completely healed (typically 3-4 weeks after surgery).

### **Activity**

- Rest and elevate your leg for the first 24 hours.
- Use a pillow under your calf and ankle. Do not place a pillow under your knee or heel.
- Use your crutches while walking. Unless instructed otherwise, you may be weightbearing as tolerated on your leg as you feel comfortable while wearing the brace provided.
- It is very important to get your leg as straight as possible, as soon as possible.

- You may be discharged with a physical therapy prescription.
- If you are instructed to go to physical therapy, please arrange your post-operative physical therapy appointment. Our office can help you with this if needed. You may start as soon as the day following your surgery. They will guide you in exercises to perform while in the clinic and at home.
- Avoid long periods of sitting without the leg elevated, or long-distance travel for 2 weeks

## **Ice Therapy**

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice for 20 minutes each hour over surgical site.
- After 24 hours, continue to use the ice 3-4 times a day, 15-20 minutes each time.
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. **DO NOT PLACE DIRECTLY ON SKIN.**

## **Medications**

- Recommendation is to take scheduled Tylenol 1000mg three times per day and 800mg ibuprofen three times per day.
- You will be given a narcotic pain medication. This should be taken for breakthrough pain every 8 hours for pain if necessary. Take with a little food
- Ice and elevation will aide in additional pain control
- Take medications as prescribed
- Do not mix narcotics with alcohol
- Common side effects of narcotic pain medications include
  - Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
  - Drowsiness
  - Constipation - We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation. You will be given a prescription for this.
- Do not drive a vehicle or operate heavy machinery while on narcotic pain medications
- **Narcotics and pain medications will not be refilled on weekends or after hours.**
- You will likely be given a prescription for aspirin 325mg to take post-operatively. This is taken only once a day for 4 weeks post-operatively to prevent blood clots. The dosing and duration may change on an individual basis, but it should be reflected in the prescription that you are given.

## **Post-Op Office Appointment**

- If the appointment was not arranged prior to surgery, please contact the office
- Your first post-operative visit will be scheduled in office prior to surgery
- Depending on the exact procedure plan for follow-up visits at 2 weeks, 6 weeks, 3 months, and 6 months after surgery.

## **Emergencies or Concerns**

- Email Dr. Ratner at [drewratnermd@gmail.com](mailto:drewratnermd@gmail.com)
- Or contact us or go to the nearest emergency room if you have any of the following:
  - Pain worsens or does not go away after pain medication is taken.
  - Any abrupt change in the nature or severity of pain
  - Redness or swelling in your thigh or calf that will not decrease.
  - Redness around incisions
  - Continuous drainage or bleeding from the incision (occasional drainage is expected)
  - Difficulties moving your toes or extreme pain when moving your toes
  - Numbness or tingling that does not go away or is getting worse
  - Cold foot or color change in extremity (Please be aware that the skin prep in surgery may have an orange, brown, or blue tint)
  - Develop a fever greater than 101.5 degrees F.
  - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
  - If you have an emergency that requires immediate attention, proceed to the nearest emergency room.