

Daniel Elkin, MD
Orthopedic Sports Medicine

Postoperative knee instructions

Your surgery involved the following:

- Meniscus Debridement: Lateral Medial
- Meniscus Repair: Lateral Medial
- Meniscus Transplantation: Lateral Medial
- Loose Body Removal Synovectomy
- Chondroplasty: Patella Trochlea Femoral Condyle (Med/Lat)
- Cartilage Restoration: Trochlea Patella Femoral Condyle (Med/Lat)
- Fresh Osteochondral Allograft Transplant: Trochlea Patella Femoral Condyle (Med/Lat)
- Microfracture: Patella Trochlea Femoral Condyle (Med/Lat)
- Anterior Cruciate Ligament (ACL) Reconstruction: BTB Hamstrings Quadriceps
- Posterior Cruciate Ligament Reconstruction
- Posterolateral Corner: Reconstruction Repair
- Posteromedial Corner: Reconstruction Repair
- Patella Tendon Repair Quad Tendon Repair
- Medial Patellofemoral Ligament Reconstruction Tibial Tubercle Osteotomy
- Anterior Interval Release Manipulation under anesthesia Lysis of Adhesions
- Total Knee replacement Partial Knee replacement High Tibial Osteotomy
- Other:

Brace

- You do not require a brace. You may progress as tolerated with weight bearing unless told otherwise by Dr. Elkin.
- You have been placed in a hinged knee brace. Your brace should be locked in full extension except when in physical therapy. Refer to your physical therapy protocol for further instructions. Dr. Elkin will instruct you regarding the discontinuation of the brace.

Physical therapy

- Begin physical therapy within 2-4 days. You will be given a protocol to give to your therapist instructing him/her regarding the appropriate mobilization and limitations.
- Do not begin physical therapy until your first postoperative visit.
- Physical therapy is not required. You may progress with your range of motion and strengthening as outlined in your physical therapy profile provided following surgery.

Activity

Weight bearing:

- Full weight bearing:** Use crutches to assist with walking – you are able to **bear as much weight as tolerated** on operative leg. Further discussion of the length of time crutches are necessary and brace use are included in your physical therapy instructions.
- Partial weight bearing:** You may allow the weight of your leg to rest on the ground *only*. **DO NOT BEAR FULL WEIGHT ON THE OPERATIVE LEG.**
- Non-weight bearing:** **DO NOT BEAR ANY WEIGHT ON YOUR OPERATIVE LEG**

Activity

Ice: If you have opted to purchase a cryotherapy unit use as directed by hospital staff. You should use it as frequently as necessary. The unit may be used as directed every 1-2 hours. Remove from the operative site when not using to prevent your surgical dressing from getting excessively wet. If you have not been provided an iceman, apply an ice bag to the knee in a waterproof bag for 30 minutes each hour while awake. Place a towel around the ice bag to prevent direct contact between the ice bag and the skin. Direct contact for a prolonged period may cause a thermal burn to the skin.

Elevation: Elevate the operative leg to chest level whenever possible to decrease swelling.

Pillows: Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.

Sleeping: Keep your leg elevated even while sleeping. If you have been given a brace be sure to sleep in it.

Activities: Do not engage in prolonged periods of standing or walking over the first 7-10 days following surgery. Avoid long periods of sitting without the leg elevated. Avoid long distance traveling for 2 weeks.

Driving: NO driving until you are no longer taking narcotic pain medicine. Otherwise, speak with Dr. Elkin and your physical therapist about when you can safely resume driving.

Incision care

Keep the incision clean and dry after surgery.

Once you are allowed to shower, keep the incision dry by wrapping the knee with a plastic bag or saran wrap

Do NOT use *any* ointments/creams/lotions on your incisions for the first 4 weeks following surgery. If the incisions have healed with no scabs at that time, you can begin to apply some vitamin E cream if you are concerned about scar formation. You should keep your incisions protected from direct sunlight for the first year with clothing or band-aids to prevent the scars from becoming dark and thickened.

Dressing changes

Your knee is dressed in sterile bandages, gauze, bandages and ACE wrap. You may also notice markings on your skin (these will come off once you are allowed to start bathing).

Do not change your dressings until post-op day 2. For example, if you had surgery on Thursday, you would change your dressings on Saturday. At this point you can take off the Ace wrap and remove the cotton padding underneath. Leave the Steri-strips in place. You may find some minor leakage, this is normal. If you find this occurring - before wrapping the leg with the Ace, place some gauze over the area. Change your dressings daily afterwards. Keep your incisions covered until you return for your post – op visit.

Please DO NOT remove any of the steri-strips when changing the dressing. They will fall off on their own.

Bathing

At 2 days post surgery, you can wash the leg or shower when you remove the initial padding. If so, use a washcloth and warm, soapy water when washing. You may remove your brace when showering. Do not submerge the surgical area as the incisions are still healing. **Do not scrub the incisions.** Make sure the leg is dry before reapplying the ace wrap.

NO baths, swimming or soaking the incision until the incision is completely healed at about 4 weeks.

Steri-strips will soak off gradually with showering, please do not remove them.

When in the shower, it might be best to have an old/plastic chair or stool to sit on to prevent slips or falls.

Medication

Pain medications: Post operative pain is normal, as long as it is bearable and controlled with your prescribed medications. Generally, a short-acting narcotic pain medication (oxycodone, percocet, etc.) is prescribed for all patients following surgery. This should be taken as needed for pain every 4-6 hours. If you are not experiencing pain you should not take the medicine and may opt to take Tylenol instead to see if that helps with your pain. The specific drug varies from patient to patient. If you find that you are not experiencing significant pain, you can discontinue the pain medication as soon as comfortable. If you have further questions contact Dr. Elkin's office.

Take this medicine only as prescribed. Narcotic medicines may make you drowsy and/or dizzy, therefore driving a car or operating machinery is **NOT ALLOWED UNDER ANY CIRCUMSTANCES** while taking narcotics.

Please take note of the prescription refill protocol:

- **You MUST give your surgeon's office at least 48 hours notice for any refill**
- **Prescriptions will NOT be filled over the weekend or past 5pm**

Nausea: Zofran (Ondansetron 4mg): Take 1 tablet every 8 hours as needed for nausea or vomiting.

The anesthesia or pain medications can make some individuals nauseous. If you experience moderate nausea or vomiting, take as directed.

Constipation: Senokot tablets (purchase over the counter): Take 2 tablets nightly while taking pain medications.

The pain medications we provide can result in mild-to-moderate constipation. It is important to take a stool softener to prevent constipation. If no bowel movement by day 3 take 2 tablets at mealtimes and 2 tablets at night up to a maximum of 8 tablets.

Deep Vein Thrombosis (DVT) Prophylaxis: Aspirin 81mg or 325mg. Take 1 tablet daily for 30 days.

Lower extremity surgery places you at risk for forming a blood clot. The risk is believed to be low, but not insignificant. Patients with no history of blood clots are prescribed an aspirin daily for the first month to further reduce the likelihood of forming a blood clot. If you have had a blood clot in the past **ALERT** your provider, you may be given stronger alternate medication. If you have an allergy to aspirin speak to Dr. Elkin about an alternate treatment strategy.

Follow-up care

You should have an appointment with your surgeon 7-10 days after your surgery. To schedule an appointment, call 503-540-6300. If you have a problem after regular business hours call 503-540-6300.

Diet

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

SPECIAL INSTRUCTIONS

Please follow these instructions:

When to call your surgeon

Complications after knee surgery are fortunately very rare.

Call the office at 503-540-6300 if any of the following occur. If after hours and you are unable to reach your physician call 911 or go to the ER.

- Fever > 101.5°F
- Chills
- Increasing severe calf or leg pain
- Increasing swelling in calf or foot
- Numbness or tingling in leg or foot
- Hives, itching, rashes
- Shortness of breath or chest pain
- Vomiting that lasts more than 8 to 12 hours following surgery
- Drainage from incision sites that continues for more than 5 days follow surgery.