** POST-OPERATIVE INSTRUCTIONS**

**Knee Surgery**

# 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 leg, foot, or ankle occurs
* It is normal for the surgical site to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressings
* Do not remove surgical dressing until 48 hours after surgery. The surgical dressings are sterile and will protect the incisions from contamination.
* After 48 hours, you may remove the dressing
	+ If steri strips are present, they are to remain in place until the first post op visit
	+ If drainage is present, apply gauze or band-aids over incisions and change daily
	+ If you are not comfortable removing the dressings, it is ok to wait until the first post-op visit
* To avoid infection, keep surgical incisions *clean and dry* – Starting 48 hours after surgery, you may choose to sponge bathe, to use a detachable shower head, or to take a standard shower with assistance. For a standard shower, please cover incisions with large waterproof band-aids OR place a large waterproof bag over your leg.
* If you are required to be always using a brace, this also applies to showering. We would not want you to slip in the shower with your brace off and cause a re-injury. Options would include – a waterproof bag, a sponge bath, or removing it temporarily while sitting in a shower chair.
* NO immersion or soaking of operative leg (i.e. bath, pool, or hot tub)until 3 weeks after surgery to ensure complete wound healing

# MEDICATIONS

* Pain medication (similar to Novocaine at the dentist) is injected into the surgical site during surgery – this will wear off within 8-12 hours
* In some cases, the anesthesia team may offer a ‘nerve block’ which will make the operative extremity numb for 8-12 hours. **It is important to start taking pain medication when the nerve block is *beginning* to wear off.** Otherwise, a sudden increase in pain can occur.
* Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
	+ DO NOT drive a car or operate machinery while taking narcotic medication
* Primary Medication = Norco (Hydrocodone)
	+ Take 1 – 2 tablet(s) every 4 – 6 hours as needed (Max of 12 pills per day)
	+ Plan on using it for 2 to 5 days, depending on level of pain
	+ Do NOT take additional Tylenol (Acetaminophen) while taking Norco
* Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food. If constipation occurs, consider taking an over-the-counter laxative such as docusate or senna.
* If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed. You may also be prescribed an anti-nausea medication in this scenario.
* Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.
* **We also recommend all patients take 81mg of Aspirin daily with foostarting the day after surgery for 4 weeks to help prevent blood clots. In some scenarios, other blood thinners may be used. If you have a history of DVT or blood clots, make sure the doctor is aware.**

# ICE THERAPY

* Begin icing immediately after surgery
* If you have access to an icing machine, use icing machine for up to 20 minutes out of every hour until your first post-op visit
* If you do not purchase an ice machine, please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit
* If braced, loosen brace to avoid added pressure
* Icing is a perfect time to also elevate the leg to help with swelling

# ACTIVITY

* When sleeping or resting, keep the leg elevated with a pillow under the foot and ankle.
* Avoid putting a pillow under the knee – this will cause the knee to bend slightly and can contribute to problems achieving full extension later in your rehab
* Avoid long periods of sitting (without the leg elevated) or long distance traveling for 2 weeks
* NO driving until instructed otherwise by physician
* May return to sedentary work ONLY or school 3-7 days after surgery if pain is tolerable and you are no longer requiring narcotic pain medications**.**
* Use your crutches until cleared by the doctor to stop using them.

**IMMOBILIZER**

* If you were placed in a brace or immobilizer, it should be worn at all times except for hygiene or for exercise (either as directed by the doctor or your physical therapist)

# EXERCISE

* IMMEDIATELY AFTER SURGERY: Perform ankle pumps. Try to do 100 of each, each day. This can be broken down into 10 sets of 10 reps
* You can’t do too many ankle pumps (a good reminder is to do them during commercials on TV)
* Start attempting straight leg raises the first day after surgery. Once able, perform 10 sets of 10 reps per day.
* Formal physical therapy (PT) will begin after your first post-operative visit

# FOLLOW-UP CARE/QUESTIONS

* Dr. Trasolini will call you (typically on your first day after surgery) to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office.
* If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours and ask for appointment scheduling.
* For any other questions or concerns please contact Dr. Trasolini via email (ntrasoli@wakehealth.edu), at the office, or by cell phone (336-830-9274).

**\*\*EMERGENCIES\*\***

Contact Dr. Trasolini at the office or by cell if any of the following are present:

* Painful swelling or numbness, or unrelenting pain
* Fever (note – it is normal to have a low-grade fever (101° and under) for the first day or two following surgery) or chills
* Redness around incisions
* Continuous drainage or bleeding from incision (a small amount of drainage is expected)
* Difficulty breathing or excessive nausea/vomiting

**Proceed to the nearest emergency room or call 911 if you have an emergency that requires immediate attention.**