

Post-Operative Instructions

Knee Arthroscopy

Medications

Wound Care

Activity

Brace

Weight-Bearing

Exercises

Contact Information

Medications

- After your surgery and as you begin your medication regimen, start with clear liquids and light foods (jello, soup, etc). If you are not nauseated, you may progress to your normal diet.
- A pain catheter may have been placed into your leg before your surgery. This can wear off in 8-12 hours or can last for a few days.
- The pain medications you were given act on different pain receptors – these should be taken as directed on the bottle starting the day of your surgery until they are gone, with one exception: Oxycodone should only be taken if the other medications are not relieving your pain. You will find an attached medication calendar to follow as an example.
- Primary Medications:
 - 1. **Acetaminophen (Tylenol) 1,000mg:** Take (2) 500mg tablets every 8 hours scheduled [Rx for 60 (500mg) tablets]
 - 2. **Tramadol (Ultram) 50mg:** Take one tablet every 8 hours scheduled [Rx for 15 (50mg) tablets]
 - 3. **Diclofenac 75mg:** Take one tablet twice a day scheduled [Rx for 30 (75mg) tablets]
 - Alternative: Meloxicam (Mobic) 15mg daily [Rx for 15 (15mg) tablets]
 - 4. **Aspirin:** Take one tablet twice a day scheduled for blood clot prevention [Rx for 14 (81mg) tablets]
----- *Take medications above as scheduled until they are gone*-----
 - 5. **Oxycodone 5 mg:** Take 1-2 tablets every 4 hours as needed [Rx for 10 (5mg) tablets]
 - **Only take this medication if the other scheduled pain medications are not adequately controlling your pain.**
- Common side effects of Oxycodone include nausea, drowsiness and constipation. To decrease these side effects, take with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – **Zofran**. If you are still having issues, please call our office for a possible medication change.

Wound Care

- Maintain your operative dressing, loosen bandages if swelling of the foot or ankle occurs.
- It is normal for your knee to bleed and swell from your surgery- if blood soaks onto your ACE bandage, do not become alarmed – reinforce with additional dressing.
- Remove the ACE bandage and gauze on the 3rd post-operative day. The **steri-strips should remain on until your first post-op appointment.** We will remove them at that time. If drainage is present, a dry dressing may be placed over the steri-strips.
- To avoid infection, keep your incision clean and dry – you may shower with the steri-strips on. NO immersion of the operative leg in water (i.e. bath). You may shave as-long-as the wound remains sealed with steri-strips.
- If you have stockings on, you may take the stockings off both legs on post-op day #1.

Activity

Weight-Bearing:

- Use crutches to assist with walking as needed – you may **weight-bear as tolerated on your operative leg**. You may wean off of your crutches as tolerated.
- If this box is checked, we repaired your meniscus during surgery. This means you will be use crutches to be **non-weight bearing on your operative leg for 4 weeks**. While you are up with your crutches, you need to have your **brace on, locked in extension**.

Brace:

- You will not need a brace post-operatively unless the box below is checked.
- If this box is checked, we also repaired your meniscus during surgery. This means when you unlock your brace for flexion, **you cannot bend your knee past 90 degrees**. You should lock your brace from 0-90 degrees. This restriction is for the first 4 weeks after surgery.

Elevation/Ice Therapy:

- Elevate the operative leg above chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not keep the knee in a flexed or bent position), but rather place pillows under foot/ankle to keep knee straight.
- Begin using ice immediately after surgery.
- Use ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to the level of the chest when icing.

Exercise:

- Begin attached exercises 24 hours after your surgery (straight leg raise, towel exercises, heel slides, ankle pumps) unless otherwise instructed by Dr. Keller.
- Discomfort and knee stiffness is normal for a few days after surgery – it is safe and, in fact, preferable to bend your knee (unless otherwise instructed by Dr. Keller).
- Complete exercises 3-4 times daily until your first post-operative appointment. Your goals are to have full extension (straightening) and 90 degrees of flexion (bend) by your first post-op appointment.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative appointment.

General Activity:

- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- No driving until instructed by Dr. Keller.
- May return to sedentary work ONLY or school in 2-3 days after surgery, if pain is tolerable.

Contact Information

Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills (it is normal to have a low-grade fever after surgery)
 - Redness around the incision
 - Color change in toes or feet
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty breathing
 - Excessive nausea

****If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.*

Follow-up Care/Questions:

- If you do not already have a post-operative appointment, please call and make an appointment 7-10 days after surgery.
 - Rochester – (248) 650-2400
 - River District – (810) 329-1250
 - Tawas – (989) 362-1015
- Surgical Coordinators/Administrative Assistants:
 - **Katharyn Chernicky** (Rochester) – (248) 659-0190
 - **Cindy Stefanski** (River District) – (810) 329-1250
 - **Labecca Chrivia** (Tawas) – (989) 362-9898
- For post-operative questions and concerns, please contact:
 - **Aimee Fox**, Physician Assistant (Rochester) – (248) 217-9663 or aimee.fox@ascension.org
 - **Maggie Skiba**, Physician Assistant (Rochester) – (989) 884-2343 or maggie.skiba@ascension.org
 - **Caila Coale**, Physician Assistant (River District) – (810) 329-1250 or caila.coale@ascension.org
 - **Molly Minard**, Physician Assistant (Tawas) – (989) 362-9898
 - **Dr. Keller** – kellersportsmed@gmail.com

[Your USB drive has a video of your surgery as well as videos of the post-op instructions for wound care, brace and exercises]



Robert A. Keller, MD

Sports Medicine and Arthroscopic Surgery
Orthopedic Surgeon



Book an Appointment

Hickory: (828) 322-5172

Lincolnton: (704) 732-4064

Boone: (828) 264-1100

kellersportsmed@gmail.com

Post-Operative Medication Schedule

<u>Surgery</u>	<u>Day #1</u>	<u>Day #2</u>	<u>Day #3</u>	<u>Day #4</u>	<u>Day #5</u>	<u>Day #6</u>
<p>AM Surgery!</p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(Tramadol if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(Tramadol if needed)</i></p>	<p>AM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p>
<p>Afternoon Tylenol 1,000mg Tramadol 50mg <i>(Oxycodone if needed)</i></p>	<p>Lunch Tylenol 1,000mg Tramadol 50mg <i>(Oxycodone if needed)</i></p>	<p>Lunch Tylenol 1,000mg Tramadol 50mg <i>(Oxycodone if needed)</i></p>	<p>Lunch Tylenol 1,000mg Tramadol 50mg <i>(Oxycodone if needed)</i></p>	<p>Lunch Tylenol 1,000mg <i>(Tramadol if needed)</i></p>	<p>Lunch Tylenol 1,000mg <i>(Tramadol if needed)</i></p>	<p>PM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p>
<p>Before Bed Tylenol 1,000mg Tramadol 100mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Dinner Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(Tramadol if needed)</i></p>	<p>Dinner Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(Tramadol if needed)</i></p>	
<p>*If nauseated, take 1-2 tablets of Zofran every 4-6 hours as needed</p>			<p>*If pain is controlled, discontinue Tramadol</p>			<p>Starting Day #7, continue Tylenol, Diclofenac and Aspirin until you run out of medication</p>
			<p>*Remove ACE bandage and gauze; leave steri-strips on until first post-op visit</p>			



Robert A. Keller, MD

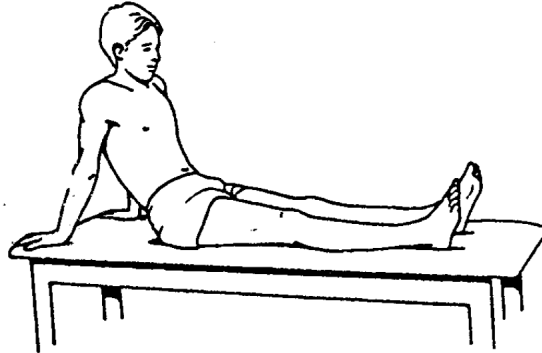
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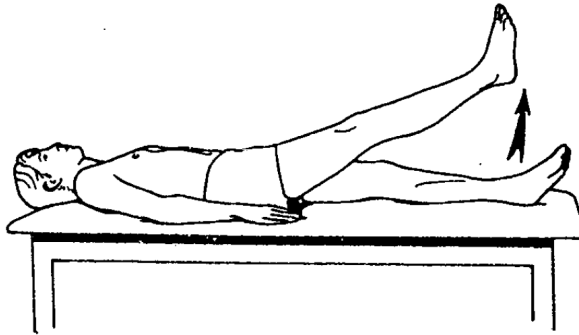
Post-Operative Exercises

Quad Sets:



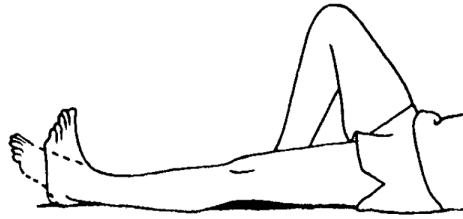
Tighten muscles on top of thigh by pushing knees down into floor or table.

Straight Leg Raise:



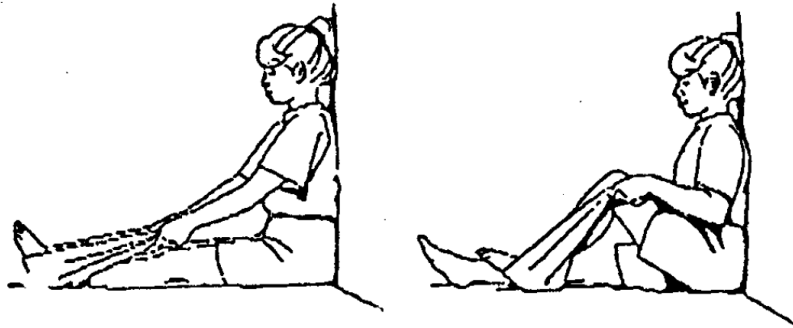
Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.

Foot Pumps:



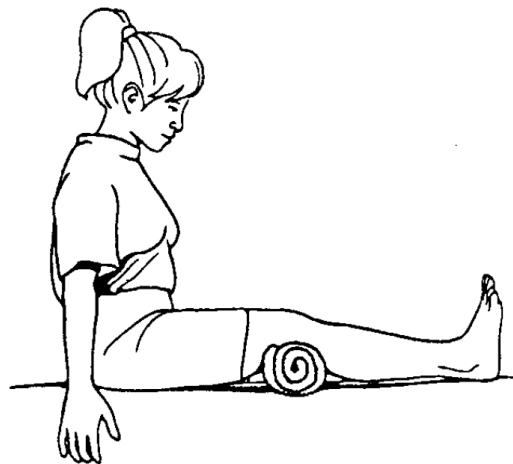
Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.

Heel Slides:



With towel around heel, gently pull knee upwards with towel until stretch is felt.

Quad Sets in Slight Flexion:



Gently tense muscle on top of thigh.