

Post-op Instructions for Knee Arthroscopy with Microfracture

For Patients of Troy L. Berg, M.D.

These instructions are to compliment the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. You may remove the ace bandage and dressing on your knee on the second or third day following surgery. Dressing may be removed all the way down to the steri-strips that are covering the incision sites. Please keep the steri-strips intact. You may cover them with 4 x 4 gauze pads and wrap the knee with an ace wrap. The ace wrap should be started below the knee and wrapped up the leg.
- You may get the incision wet when showering 2-3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 2-3 weeks after surgery and scabs are absent.
- If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- Ice your knee as frequently as possible. We recommend 4-5 times per day for 20 minutes per time. You may use either the ice bag given to you at the hospital or simply place ice in a zip lock bag and place on the knee.
- Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used as an alternative to the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours, so please plan ahead.
- Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate the knee above the heart level ("toes above the nose") for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. Excessive pain and swelling should be reported to your surgeon.

Activity

- Crutches and the brace are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Usually, this will be six weeks of no weight bearing. Your brace should be left on at all times while up on crutches. If for some reason the brace slips down or the dressing is too tight, carefully open the brace and readjust it or release the tension of the ace bandage.
- Gentle, passive, range of motion exercises can begin the day after surgery. Sitting on the edge of a chair, take your knee out of the brace and begin to gently bend it. Move your knee back until it feels tight, hold for five seconds and then bring your leg out straight. This should be repeated 10 times and performed 3-4 times per day. In some instances this exercise may not be appropriate. If you are not to perform this exercise you will be informed prior to discharge.
- The following exercises should begin the day after surgery and are designed to increase strength of the knee. They should be done lying down on a firm surface and your brace should be on. Your goal is to achieve 25 repetitions 4 times a day for the first 3-4 weeks after surgery.

a. Quad Sets- Straighten the knee by tightening the quad (front thigh muscle), flexing the ankle (point toes to the ceiling), and pushing the back of the knee into the floor. Hold for the count of 5-10.

b. Straight Leg Raises- While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.

c. Vigorous foot, ankle, and toe movement—20 pumps per waking hour

Driving

To drive you must no longer be taking narcotic pain pills. (plain Tylenol is allowed) Also, you must feel strong and alert. You may unlock the brace to allow for flexion of the knee while driving. Most people are able to start driving 1-2 weeks after surgery.

Follow-up

Make sure an appointment has been scheduled for you at Dr. Berg's clinic for approximately 1 week after surgery.

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