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Post-op Instructions for Knee Debridement & Meniscectomy

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. You may remove the ace wrap and large dressing on the second or third day after surgery and replace with 4x4 gauze pads over the incision sites. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily.
- You may get the incision wet when showering 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 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.
- Never, ever remove your own stitches or trim what may appear to be excess suture material. We will remove your stitches in the office at your post-op appointment. If you are concerned about your stitches or if they are bothering you, please call us.

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 instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. You may supplement your pain medication with ibuprofen or Aleve for any breakthrough pain. It can help to stagger your pain medication with ibuprofen or Aleve as needed. 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 or on weekends, 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 24-48 hours 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.

Weight Bearing

•Unless the physical therapist or nursing staff has told you otherwise, there are no restrictions for the amount of weight that you can put on your knee. You may require the assistance of crutches for 2-5 days after your surgery. Walk with a heel-toe gait while using your crutches. You must be able to walk without a limp to discontinue the use of crutches. Try to avoid being up on the knee for lengthy periods of time in the first week after surgery.

Exercises

•Range of motion exercises should begin as soon as possible after surgery. It is important to work on extending the knee fully and flexing as far as can be tolerated. Please attempt to do range of motion exercises 3-4 times per day in the first week.

•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. 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. Work to 25 repetitions, 4 times per day.
- b. Straight Leg Raises--while maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds. Work to 25 repetitions, 4 times per day.
- c. Ankle Pumps—pump foot/ankle up & down 20 times per waking hour.
- d. Biking on a stationary bike is highly recommended beginning one week post op. Biking is used to aid in increasing range of motion. This should be done pain-free with little to no resistance.

Driving

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert.

Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 2 weeks after surgery.

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