

## **Post-op Instructions for Knee Cartilage Restoration Surgery and/or Microfracture**

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

### **Wound Care/Showering**

- 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 the dressing on your knee on the second or third day following surgery. The dressing may be removed all the way down to your incisions. Please keep your steri-strips/sutures intact. You should cover them with 4x4 gauze pads and wrap the knee with an ace wrap or apply compression stocking given at the time of surgery.
- You may shower 3 days after surgery. If it gets slightly wet, pat the knee dry immediately with a clean towel.
- 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 with the cooling device or an ice pack- Do not place directly on the skin as it may damage the skin. This should be done for 20 minutes, 4-5 times per day. This will help with the pain and swelling. Icing the knee is very important the first couple of weeks following surgery.
- 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 30 minutes every 2 hours for the first 2-5 days after surgery. 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.

### **Postoperative Pain Management and Medication Instructions**

- Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.
- Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.
- It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

### **Acetaminophen**

- This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management. Max daily dose 3000 mg/day

### **Ibuprofen**

- NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day. Max daily dose 2400 mg/day.

## **Narcotic Medications (Tramadol/Hydrocodone/Oxycodone)**

- If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for “breakthrough pain”. Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.
- Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.
- As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

## **Preventing Blood Clots**

- You will likely be discharged with aspirin for blood clot prevention after surgery to be taken twice a day. It is important to take your anticoagulant at the same time every day for the amount of time your surgeon has prescribed it for. If you have a medical concern or high risk for blood clots, you may be prescribed Eliquis (apixaban) or Xarelto (rivaroxaban) and then transitioned to aspirin.
- You are also encouraged to move your ankles up and down (ankle pumps) and walk frequently. This helps circulate blood from your legs and reduces your risk of developing a blood clot. TED compression stockings also help reduce swelling and prevent blood from pooling in your legs. You should put the stockings on every morning and remove them before going to bed. It is recommended to wear these compression stockings for 3-4 weeks postoperatively or until instructed by your care team.

## **Driving**

- To drive, you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. Most people can start driving 1-2 weeks after surgery but use your judgment as to when you feel ready and safe to drive.

## **Weight-Bearing/Bracing**

- Crutches 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 6 weeks limited weight bearing and with possible bracing.
- Bracing setting per physical therapy protocol and instructions by care team.

## **Exercises**

- Gentle range-of-motion exercises can begin as soon as possible after surgery. You may remove the immobilizer/brace for exercises; otherwise, it should be left on at all times for optimal healing. Using your hands at your upper thigh and/or using your thigh muscles, bend and straighten your knee. These are to be done non-weight bearing and can be done 3-4 times per day.
- 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.

- 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.
- Straight Leg Raises-While maintaining the tightened quad position, slowly raise the straightened leg off the floor and hold for 5-10 seconds.
- Vigorous foot, ankle, and toe movement—20 pumps per waking hour

**Follow-up**

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.