

Post-op Instructions for Knee Arthroscopy with Microfracture, Mosaicplasty, or Abrasion Arthroplasty

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 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. The ace wrap should be started below the knee and wrapped up the leg to mid-thigh.
- 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 with the cooling device or an ice pack. Do not place ice or the cooling device 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.
- 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 should avoid the use of ibuprofen or Aleve. 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 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.

Driving

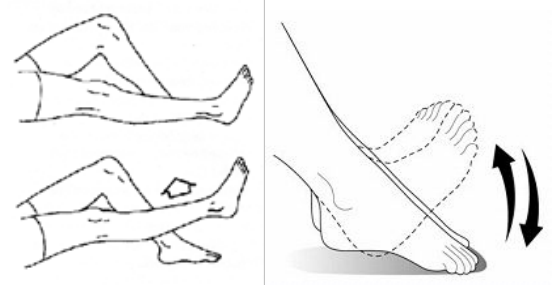
To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. Most people are able to start driving 1-2 weeks after surgery, but use your judgment as to when you feel ready and safe to drive.

Weight-Bearing

- 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 of no weight bearing and then 2 weeks of partial weight bearing.
- **Exception:** If you had a *trochlear* microfracture, you may begin weight bearing *in the knee immobilizer* as tolerated and crutches are optional.

Exercises

- Range-of-motion exercises should begin as soon as possible after surgery. It is very important to work on extending the knee to the fully extended position as well as flexing (bending) the knee as far as can be tolerated. Using your hands at your upper thigh and/or using your thigh muscles, bend and straighten your knee 50-100 times, 4-5 times per day. These are to be done non-weight bearing. Range-of-motion is very helpful in aiding the growth of new cartilage cells in the defects of the surface cartilage.
- 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 2 weeks after surgery.

Nathan Harris, M.D.

Chippewa Valley Orthopedics & Sports Medicine
(715) 832-1400