CHIPPEWA VALLEY ORTHOPEDICS AND SPORTS MEDICINE
www.cvosm.com

TROY L. BERG, MD
Sports Medicine & Arthroscopy

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Post-op Instructions for Knee Arthroscopic Meniscus or Cartilage Repair

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

Wound Care

- Dressings are to be kept clean and dry. You may remove the ace wrap and large dressing three days after surgery and replace with dry gauze and tape over the incision sites. Leave steri-strips in place until your follow-up visit. A small amount of clear drainage or bleeding is normal. If this happens, the dressing should be changed daily. A compression sock or ACE wrap should be re-applied, starting at the ankle and wrapped up the leg to mid-thigh. The knee brace should then be reapplied to the leg.
- You may get the incision wet when showering after your first dressing change. The shower should be brief, and the wounds patted dry with a clean towel. You should shower from a seated position with your leg extended in front of you. The brace should be the last thing you remove and the first item you reapply. It is important to avoid putting weight on your leg during your shower. No baths or soaking the incision until 3-4 weeks after surgery and well healed.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have 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 an ice pack or ice in a zip lock bag, wrapped in a towel, and placed on the knee. Do not place ice directly on the skin.
- Swelling is common after surgery and peaks approximately 3-7 days after surgery. To reduce swelling, elevation is very helpful. Elevate the foot above the heart level ("toes above nose") for 30 minutes every 2 hours for the first 24-48 hours after surgery. Moving your ankles up and down on a regular basis helps circulate blood from your legs to help reduce swelling. TED compression socks may be provided. These should be worn for 1 week or until you are moving around well. Excessive pain and swelling should be reported to your surgeon.
- For baseline pain control, we recommend adults* take Tylenol (Acetaminophen) 1000mg** three times a day. If your prescription pain medication also contains Tylenol, you should reduce this. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).
- If that is not adequate, prescription strength pain medication may be prescribed after you leave the hospital. Wean off this medication as your pain allows, continuing the Tylenol and anti-inflammatory as tolerated. Prescription strength medications can cause constipation, and you may want to use a stool softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday from 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.

*Children under age 12 should take Tylenol 10mg/kg/dose

**Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

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Driving

- To drive you must NOT be taking narcotic pain pills (plain Tylenol is allowed). Before driving, you must feel strong and alert and able to get in and out of the car without assistance. You may unlock the brace while driving. Most people can start driving 2-3 weeks after surgery.

Weight-Bearing

- Crutches and hinged knee brace are required following surgery. The brace should be locked straight during ambulation. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your brace should be left on for optimal healing of the tissue. If the brace slips down or the dressing feels too tight, carefully open the brace and adjust it, or re-wrap the ace bandage. Always keep your leg supported. Keep the brace on when up on crutches and sleeping. Only remove the brace when doing your exercises or for skin hygiene. You can expect to be non-weight bearing for 4-6 weeks, gradually advancing weight after that time.

Exercises

- 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.
    - 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.
    - Ankle Pumps-Pump foot/ankle up & down 20 times per waking hour.
    - Range-of-motion-You may unlock your brace for this exercise. Using your hands at your upper thigh for support and bend your knee and then straighten it. You should spend approximately 10 minutes 3 times per day working on this.

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1 week after surgery.
- Please call the office with any questions or concerns.

Troy Berg, MD

Chippewa Valley Orthopedics & Sports Medicine

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