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Post-op Instructions for Knee Manipulation Under Anesthesia/Lysis of Adhesions

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

PAIN/SWELLING

To lessen pain and swelling, use ice after your procedure. Put the ice covered with a towel and place over the surgical site. We recommend 20 minutes, 4-5 times per day for the first 1-3 days then as needed based on symptoms. Do not place ice or cooling devices directly on the skin for prolonged periods of time as it may damage the skin.

Swelling to some degree is common. To reduce swelling, elevation is very helpful. Elevate the affected extremity above the heart level for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Excessive pain and swelling should be reported to your surgeon.

MEDICATIONS

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 PAIN 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).

MUSCLE RELAXERS (CYCLOBENZAPRINE/TIZANIDINE)
Muscle relaxers may be prescribed after joint replacement to decrease pain related to muscle spasms. Also recommend staying hydrated, massage, elevation, gentle movement, ice, heat and stretching to manage muscle related symptoms after surgery.

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.

EXERCISES
You will begin physical therapy within 1-2 days following your procedure. In the meantime, there are no weightbearing or activity restrictions. We encourage active range of motion and continued lower extremity strengthening.

DRIVING
To drive you must no longer be taking narcotic pain pills. Also, you must feel strong and alert.

Please call the office or contact your provider team on the portal if you have any questions or concerns.
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