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Post-op Instructions for Knee Debridement, Chondroplasty, Meniscectomy or Lateral Release

These instructions are to compliment the information given by your surgeon, 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 day after surgery and replace with gauze pads or band aids over the incision sites. A small amount of clear drainage or bleeding is normal. Recommend that you change the dressing daily until seen back to keep the incision clean and dry.
- You may get the incision wet when showering 2-3 days after surgery. The shower should be brief, and the wound patted dry with a clean towel. No baths or soaking the incision until approximately 3-4 weeks after surgery or until the incision(s) are completely healed without scab's present.
- If you develop purulent drainage (thick white or greenish in color) from the wound, increasing redness, or 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. 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, wrap it in a towel, and place it on the knee. Do not place ice directly on the skin as it may cause damage to the skin.
- Narcotic pain medication may be prescribed for use, if needed, in limited amounts. Try to wean down/off as soon as you are able. Use acetaminophen (Tylenol) and/or anti-inflammatories (Ibuprofen or Aleve) as main medications for pain control as/if appropriate. Add the narcotic medication for additional pain control if needed. It can help to stagger your pain medications. 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 as they need to be picked up. Please plan ahead.
- Also, narcotic medications can cause constipation so you may want/need to use an over-the-counter stool softeners/laxative as needed.
- 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 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 prescribed. These should be worn for 1-2 days or until you are moving around well. Excessive pain and swelling should be reported to your surgeon.

Weight Bearing

- Unless the surgeon, physical therapist or nursing staff has told you otherwise, there are no restrictions for weight that you can put on your knee. You may require assistance with 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 1-2 weeks after surgery.



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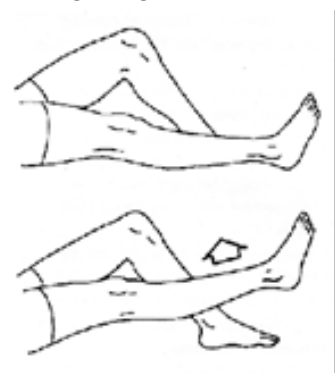
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Exercises

- 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.
 1. **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.
 2. **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.
 3. **Ankle Pumps**- Pump foot/ankle up & down 20 times per waking hour.
 4. **Biking**- 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. 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. If you have questions or concerns prior to your follow up contact your surgeon.