



Thomas Obermeyer, M.D.



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POST-OPERATIVE INSTRUCTIONS: **KNEE ARTHROSCOPY**

MEDICATION

- There are local anesthetics injected around the incisions and into the knee joint at the time of surgery. This will wear off in 8 hours or so and it is common to have more pain for the first couple days after surgery while the swelling peaks.
- Most patients are given a narcotic pain medicine Norco (Hydrocodone) to take for a few days after surgery. You may take this as needed per the instructions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness and constipation – to decrease the side effects, take the medication with food. An over the counter stool softener may be taken to prevent constipation.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- You may not drive while taking narcotic pain medicine.
- If your pain is not controlled by the narcotic pain medication or you are looking for something less strong, you may take an over-the-counter anti-inflammatory such as ibuprofen or naproxen between doses or instead of narcotic medication.
- **Take one baby Aspirin 81mg daily for 14 days (2 weeks) to prevent blood clots starting the day after surgery, unless instructed otherwise or if you are on another blood thinner already.**
- Resume all home medications unless otherwise instructed.

WOUND CARE

- Keep your bandages clean and dry after surgery to prevent infection.
- It is normal for the bandages to feel somewhat tight, as this helps eliminate swelling, but if they are too tight or you notice your ankle or foot is swelling, you may loosen them.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing.
- You may remove your dressings three (3) days following surgery and shower, letting water run over the steri-strips covering the small incisions in the front of your knee. Alternatively, dressings may be removed by your therapist. It is okay to leave the incisions open to air, but sometimes if slight drainage is present, you may reinforce with a band-aid.
- If you shower prior to three days after surgery, place a plastic bag around the knee to seal the bandage.



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- Do not remove the steri-strips covering the incisions; they usually fall off on their own in a couple weeks.
- NO immersion of the operative leg (i.e. bath, pool) until a minimum of 2-3 weeks after surgery.

ACTIVITY

- Full weight bearing as tolerated on the involved leg is allowed unless instructed otherwise after surgery. Sometimes weight bearing is restricted if meniscal repair or microfracture is performed, but Dr. Obermeyer will discuss this specifically with you.
- If you are allowed to weightbear to tolerance, crutches will be given for comfort and stability until you regain full motion in the knee and can walk comfortably, which usually occurs within several days.
- Refrain from prolonged standing or walking for 7-10 days which can increase pain and swelling.
- You may **drive** when you have regained full motion, can walk normally, and are off narcotic pain medicine. This usually occurs one to three weeks following surgery.
- If pain is tolerable, you may resume sedentary work and/or school approximately 3-4 days after surgery.
- We recommend you stay local and avoid long trips for two weeks following surgery.

EXERCISE

- Keep the leg elevated for several days to help with swelling.
- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps and straight leg raises will be demonstrated to you and should be done 3-4 times per day.
- To help gain full extension, place a small rolled up towel under your ankle and push the back of your knee to touch the floor by contracting your quadriceps muscle.
- Discomfort and stiffness is normal for a few days. You may bend your knee in a nonweightbearing position when performing exercises, unless otherwise instructed.
- Being up and around after surgery will help diminish the risk of blood clots.
- Formal physical therapy (PT) will typically begin several days post-operatively with a prescription provided at your first post-operative visit or sooner.

COLD THERAPY

- Ice should be used for comfort and swelling for 20 minutes on/20 minutes off for the first 48 or so hours after surgery. You may use ice from a machine, cubes in a plastic bag, or gel cold packs. **Never apply cold therapy directly to exposed skin.**
- After the first 48 hours, use 15-20 minutes every 2-3 hours as long as it continues to help with pain.
- Always use after physical therapy to help with swelling and pain.



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EMERGENCIES

- Contact Dr. Obermeyer's office (847)285-4318 if any of the following are present:
 - Uncontrolled nausea and vomiting, painful swelling or numbness, unrelenting pain, fever $>101.5^{\circ}$ (low grade fevers 1-3 days after surgery are normal), redness or continuous drainage around incisions (a small amount is normal), color change in foot or toes, **calf pain**
- If you have an urgent concern with bandages or other matter requiring immediate attention on evenings or Saturdays, you might consider contacting our Immediate Orthopedic Care clinic at (847)285-4250.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW-UP CARE

- Someone from Dr. Obermeyer's team will call you approximately a day after surgery to check on you and answer any questions.
- Please make your first post-op appointment approximately 10-14 days after surgery if you have not already done so.
- **If you have any questions or concerns about the above please call Dr. Obermeyer's team at (847)285-4318.**