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Adult Reconstruction and Joint Replacement

South Texas Bone and Joint

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KNEE ARTHROSCOPY POST OPERATIVE INSTRUCTIONS

Diet

Begin with clear liquids and light food. (Jello, soups, etc.)

Wound Care

The operative site will be covered with a soft dressing, and thigh high compression stockings. This can be changed 48 hours after surgery. If you notice some blood staining the night of surgery or that next day, *do not be alarmed*. Sometimes the cuts may ooze for a short time after surgery. If you see actual blood dripping, please call our office for instructions. To avoid infections, keep surgical incision clean and dry. You may place band-aids over the incision sites. The sutures will stay in place until your follow up visit in 10-14 days. You may shower, but DO NOT immerse the wound in water until *10 days after surgery* to avoid the risk of infection. Continue to use the compression stockings until the stitches are removed, they are very important to keep the swelling in the knee controlled.

Medications

Pain medication is injected into the wound and knee joint during surgery, this typically will wear off within 8-12 hours. However, you should not be concerned if it wears off more quickly or slowly.

Most patients will require some narcotic pain medication after the anesthetic wears off. A prescription will be given upon discharge by the nursing staff. It can be taken every 4-6 hours as needed. Some patients find it useful to take it scheduled for the first day or so, especially as the anesthetic begins to wear off.

It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication and compression stockings as directed will help control pain with little risk of complication and taking before bedtime will assist in sleeping.

Common Side Effects

Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease side effects, take the medication with food. If constipation occurs, consider taking an over the counter laxative.

If you are encountering problems with nausea or vomiting, contact the office to possibly have the medication changed.

DO NOT DRIVE CAR OR OPERATIVE HEAVY MACHINERY WHILE TAKING NARCOTIC MEDICATION.

Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys,' reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usages.

Activity

Elevate the operative leg on some pillows whenever possible to decrease swelling. The pillows should be placed under the calf. The goal, if possible, is to keep the foot higher than the heart. When you sleep, the leg needs to only be elevated 2-3 inches. Continue to elevate the leg at night until there is no swelling in toes. You **MUST** wear the knee brace when up/walking for 6 weeks after surgery unless otherwise directed by physicians.

DO NOT keep the leg in the same position on the pillow all day, instead, rotate or shift the leg to the right and left so the pressure on the leg is spread equally on all areas.

DO NOT engage in activities that increase knee pain/ swelling (prolonged periods of standing/ walking) over the first 7-10 days after surgery.

Full weight bearing is advised unless otherwise instructed at the time of surgery. Crutches or cane may be necessary to assist walking. These aids are used to help balance, not to remove the weight off the leg.

While exercise is important, DON'T OVER DO IT. Common sense is the rule. Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks. NO DRIVING until instructed otherwise by a physician. You may return to sedentary work ONLY or school 3-4 days after surgery if the pain is tolerable.

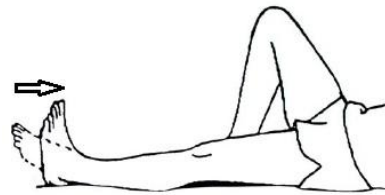
Ice Therapy

Begin immediately after surgery.

Using the polar ice machine or ice packs (if the machine is not prescribed) for 20 minutes when you take pain medication. Remember to keep the leg elevated to the level of your chest while icing. Also remember to ALWAYS place something like a washcloth or pillowcase between the ice pack and your skin to avoid the risk of frostbite.

Postoperative Exercises

1. **Ankle pumps and circles:** Do this throughout the day to help circulation in the lower leg.



2. **Quad sets:** Tighten the muscle on the front of your thigh, pressing the back of the knee into the bed. Hold for a count of ten then relax. Begin 10 times each hour that you are awake.



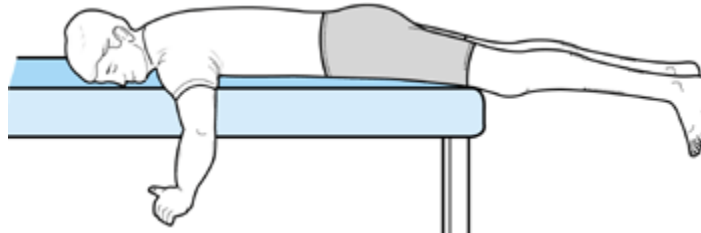
Quad Sets

If you are not getting your knee completely straight, place a small towel roll under your heel to help stretch into extension with this exercise.

3. **Hamstring sets:** tighten the muscles on the back of your thigh by pushing your heel into the bed as if bending the knee. Hold for a count of 5-10, then relax.



4. **Prone hangs:** Lying on the bed on your stomach, scoot down the bed so that the edge of the bed is above your knee and the lower leg is freely hanging over the edge. Relax and allow the leg to hang so that the knee is stretched to a straight position. Do this 10 minutes, 4 times a day. Eventually, this exercise will be done with a light ankle weight.



6. **Knee motion exercises:** On post op day #1, you may begin knee range of motion exercises. This is performed by removing the brace (if you have one), placing the non-operative leg's foot under the lower calf/ heel to hold the operated leg over the edge of a high chair or table in a sitting position. The non-operative leg is then used to gently lower the operated leg to bend the knee. The leg is straightened using the non-operative leg again to do all the work. Repeat 50 times, 4-5 times a day.

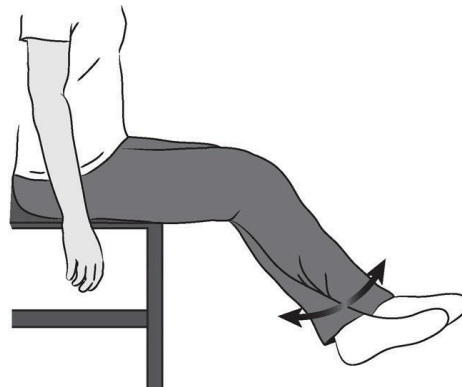


IMAGE CREDITS:

Ankle pumps image: <https://sakshamphysio.com/preop.aspx>

Quad sets image: <https://www.lifeofpt.com/how-to-perform-quad-sets-an-important-exercise-in-knee-rehabilitation/>

Hamstring sets image: <https://drjohnroe.com.au/knee-rehabilitation-exercises>

Prone hangs image: https://www.physio-pedia.com/Knee_Extension_Lag

Knee motion exercises image from: <https://orthoinfo.aaos.org/en/recovery/total-knee-replacement-exercise-guide/>

MEDICATIONS NOT TO TAKE 7-14 DAYS PRIOR TO SURGERY (DISCONTINUE AS APPROPRIATE):

Advil
Aspirin
Motrin
Aleve
Ibuprofen
Plavix
Hydroxychloroquine (2 weeks prior)
Adderall, Desozyn, Dexedrine, Ferndex
Multi-vitamin
Amphetamines/ mixture derivatives
Benzphetamine
Dexfenfluramine
Phentermine
Fenfluramine/ Phendimetrazine
Diethylpropion
Mazindol
Oxydress, Spancap, etc.
Didrex
Redux
Dospan, Tenuate
Pondimin
Mafzanor, Sanorex
Bontril PDM, Bontril SR
Dlital, Dyrexan OD, Medfirst
Prelu, Rexigen-Forte
Adipexm, Anxoine
Dapex, Fastin
Fonamio, Obephen
Obermine, Obestin
Ovy-cap, Oby-Trim
Obe-Nix, Parmine
Phentrol
Zantryl
Phen-Fen

Anti-Inflammatories:

Celebrex
Naproxen
Naprosyn
Meloxicam
Diclofenac

Misc:

Cayenne
Echinacea
Feverfew
Ginger
Ginseng
Licorice
Valerian
Kava Kava
Flax seed oil
Garlic
Chromium Picolinate
Ginkgo Biloba
Goldenseal
St. John's Wort
MSN
Black Cohosh (triterpene glucosides)
Cat's claw (uncaria tomentosa inner bark)



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GLP-1 Medications:

Ozempic, Wegovy
Monjuaro
Trulicity
Byetta
Bydureon bcise
Victoza, Saxenda
Adlyxin
Rubelus
Tanzeum

These must be stopped for one whole treatment cycle: ALL INJECTIONS MUST BE STOPPED A MINIMUM OF ONE WEEK PRIOR TO SURGERY.

If you take once weekly, stop at least one week before
If you inject once monthly, stop at least one month before.

Please call if you have any questions or concerns, thank you!

REVISED (11/17/2023)