

Dr. Friedman's Post-Operative Instructions:
Knee Surgery – Meniscus Debridement or Other Debridement

These instructions are for the first two (2) weeks after surgery

WHEN YOU GO HOME:

1. Keep the operative leg elevated above the heart as much as possible. Avoid the temptation of putting a pillow behind your knee, as this will cause problems with regaining your extension (getting your knee straight) after surgery.
2. Your weight bearing status is: weight-bearing as tolerated. You should use crutches for 1-5 days.
3. ICE your knee with a cold therapy unit, bag of ice, or a bag of frozen peas. For the first few days after surgery you may ice for 30-45 minutes at a time because the dressings are thick. However, after the bandages are removed, do not ice or use your cold therapy unit for more than 20 minutes at a time to avoid causing frostbite.
4. Do not drive until you have discontinued the narcotic pain medications and have been approved by your doctor.
5. Return to work will depend on your type of employment.

EXERCISES: START POST-OPERATIVE DAY 1 or 2:

- 1. Quad Sets.** With this exercise, you tighten your thigh muscles and hold for five (5) seconds. Do a minimum of three (3) sets of ten (10) repetitions. When you tighten your thigh muscles, it will feel like your knee is being pushed into the ground.
- 2. Straight Leg Raises.** Tighten your thigh muscle like in exercise 1, then lift your leg about twenty-four (24) inches off the ground and hold it for 5 seconds then lower. Do a minimum of three (3) sets of ten (10) repetitions.
- 3. Heel Slides (bending the knee)** Slide your heel toward your buttock and hold for 5 seconds, then straighten the knee. Heel slides may be assisted by using a towel to pull your foot. Perform 3 sets of 10 repetitions.
- 4. Bridging Exercises.** Roll a towel/pillow and place it under your heel with nothing under your knee/thigh. Hold this position for 5 to 10 minutes. Gravity will slowly assist with straightening your knee. Alternatively, you can sit in a chair and place your foot up on another chair/ottoman. You can assist this exercise by resting your hand on your thigh, near the knee.
- 5. Calf Pumps.** Move both feet at the ankle up and down. Perform at least 10 times an hour every 1-2 hours until you are up and around regularly. This encourages blood flow in the lower legs and helps reduce the risk of DVT (blood clot).

WOUND CARE/DRESSINGS:

- 1. Expect minimal bloody drainage on surgical dressings. Call the office if the bandage becomes saturated or is leaking. Do not remove your bandages or dressings unless instructed to do so.**
- 2. You may remove your dressing after 5 days. Before dressing removal, you may shower with a plastic garbage bag/tape around the leg, but it is important to keep the dressing absolutely dry. After dressing removal, do not soak the knee until the doctor says it is ok to do so. (in other words- no bathtub, hot tub, Jacuzzi, swimming pool or ocean).**
- 3. Do not put ointment on your incisions or touch your incisions (wounds) until the doctor says it is ok to do so.**

DIET:

- 1. After surgery, begin with liquids and light foods (jellos, soups, etc). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow after anesthesia and can be also slowed by the narcotic pain medication.**
- 2. It is OK to begin a regular healthy diet on day two after surgery.**

PHYSICAL THERAPY:

If needed, physical therapy will be prescribed at your first post-operative visit.

GENERAL MEDICATION INFORMATION AFTER SURGERY

You will receive multiple prescriptions before or at the time of surgery, typically including:

1. **Narcotic (Norco, Percocet).** A narcotic is a strong pain medication that blocks the sensation of pain. This may be used in the early post-operative period (for 1 to 2 days) to help recover from surgery comfortably. Once your pain decreases, discontinue the use of the medication as it can be addictive. Use this medication as directed by the instructions provided. This medication typically helps with pain, but also causes drowsiness, constipation, nausea, and itching. Avoid combining this medication with Tylenol. Drink plenty of water to help decrease the risk of constipation while taking this medication.

2. **Anti-inflammatory (Naproxen, meloxicam).** An anti-inflammatory is effective in decreasing the inflammation and swelling after surgery. This should be taken typically for 2 weeks on a consistent basis after surgery to help with mild pain associated with surgery and recovery and to prevent heterotopic bone formation. This can cause mild stomach upset and often is better tolerated with food.

3. Stool softener (Colace). A stool softener is often necessary while taking narcotic medication to decrease the amount of constipation. Use this medication while taking the narcotic prescribed.

4. Anti-nausea medication (Zofran, compazine). Anesthesia and narcotics can cause significant nausea in the first 24-48 hours after surgery. Take the anti-nausea medication as needed during this time period to help with these symptoms.

5. Aspirin. Take as prescribed to prevent blood clots.

RECOMMENDATIONS FOR PAIN CONTROL AFTER SURGERY

Many patients will receive a nerve block to help with pain control during and immediately after surgery. This temporarily causes numbness and difficulty moving the affected leg. There will be some pain after the nerve block wears off. Pain is typically worst the first few days following surgery.

Starting after surgery and **BEFORE** your nerve block wears off, follow the following pain medicine regimen for the first 24-48 hours after surgery:

One or two narcotic (pain) pills (ie: vicodin, norco, Percocet) approximately every 4 hours. The day after surgery, some patients may need to take 2 pills every 4 hours for pain relief. If taking 2 pills every 4 hours initially, you should be able to decrease the dose to 1 pill every 4 hours after 48 hours or so. Begin spreading out the time interval between narcotic doses as tolerated. Many patients come to their first post operative appointment completely off their narcotics.

After 48 hours gradually **WEAN** off the narcotics, ie, take one pain pill every 6 hours, then 8 hours, then 12 hours, then discontinue.

DO NOT TAKE ADDITIONAL TYLENOL (acetaminophen) or Tylenol containing products with the narcotic medication., as Tylenol is in the prescribed narcotic pain medication.

FOLLOW-UP CARE:

WHEN TO CALL THE OFFICE:

Call if any of the following are present:

- * Increasing swelling or numbness in the toes
- * Unrelenting pain
- * Fever greater than >101.5 F or 38.5 C, or chills
- * Excessive nausea or vomiting due to pain medication
- * Color change in the toes. Your toes should be pink and warm.
- * Continuous drainage or bleeding from the dressings
- * Extreme pain on the back of the calf, shortness of breath, or chest pain which may be warning signs of a blood clot or pulmonary embolus. If symptoms are severe, dial 9-1-1
- * **ANY** other worrisome condition