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Knee Arthroscopy Post-Operative Instructions

Ice / Elevation

- Ice Regularly
 - Please ice your knee regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery, for 3-4 hours per day
 - Do NOT apply ice directly to exposed skin. Use a towel or other type of covering between the ice and your skin.
 - Alternatively, you may use a bag of frozen peas. Buy several bags of peas, place them in a gallon-size zip-lock bag, making them about an inch thick, and remove as much air as possible. Return to freezer, lying flat when done.
 - Local pharmacies (i.e. CVS or Walgreens) also sell over-the-counter *Cold Packs* that you may use.
- Elevate your leg above heart level to help decrease swelling

Medications

- Pain Medication
 - You may have or have not received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you are able to decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
 - **Tramadol 50mg (Ultram)* - Opioid Pain Medication**
 - If prescribed, you may take 1-2 tablets every 4-6 hours as needed for pain
 - You should wean yourself off this medication as soon as possible, though it is reasonable to need it for the first few days
 - **Acetaminophen (Tylenol)**
 - Many patients find this medication to be adequate for simple knee arthroscopy
 - Comes in Regular Strength (325mg per tablet) or Extra Strength (500mg per tablet).
 - You may take this medication alone or with the prescribed opioid medication. This medication may be taken with NSAIDs.
 - Do NOT take more than 1,000mg in a 6-hour period. Do NOT take more than 4,000mg in a 24-hour period.
 - Do NOT take if you have liver disease.
 - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
 - Many patients find these medications to be adequate for simple knee arthroscopy
 - You may take these medications alone or with Tylenol, or with the prescribed opioid medication
 - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.
 - **Naproxen (Aleve)** – if you prefer this NSAID over Ibuprofen, you may take it instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.
 - Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds
- Blood Clot Prevention
 - You may have been prescribed **Aspirin 81mg**, which you should take TWICE daily with food to decrease the risk of post-operative blood clot formation. Take in the morning and at night.
 - Take this medication for **7 days**, beginning the day AFTER surgery
 - Do NOT take if you are allergic to aspirin, have a history of stomach ulcers, or have been prescribed another blood thinner
 - If prescribed another blood thinner (i.e. Eliquis, Xarelto, Plavix, etc), begin the day AFTER surgery



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SURGERY ASSOCIATES, P.C.

- Nausea
 - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water.
- Constipation
 - Anesthesia during surgery, opioid medications, drinking less fluids, and decreased activity all contribute to constipation after surgery.
 - Ensure you are drinking adequate fluids and getting out of bed during the day
 - Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label.
 - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
 - Begin with Miralax. If Miralax does not help, you can add Sennokot and take both medications together. If these are not working, you can add Colace to your regimen, then Bisacodyl (Dulcolax), and a fleet enema one by one.
 - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.
- You may resume all home medications the day after surgery unless otherwise instructed

Dressings

- You may remove your bandages **three days** after surgery, unless otherwise instructed. Do NOT remove the Steri-Strips (small pieces of tape) covering the incisions; these will fall off on their own
- Unless instructed otherwise, you may shower after your bandages have been removed. You may allow warm, soapy water to run over the incisions. Please do NOT scrub the incisions.
- To shower/bath with your dressing still on, wrap the top of the leg with a towel, then place the leg in a large plastic garbage bag with tape at both ends closing the bag. Then keep the bag outside of the shower/tub.
- Please DO NOT BATHE, POOL, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait **three weeks** from surgery or until you are directed to do so.
- Do not use bacitracin or any ointments under bandages.

Crutches

- You may place full weight on the involved leg after surgery to help with balance and stability unless instructed otherwise.
- You may stop using crutches when you can walk comfortably and without a limp. This often is within a day or two depending on the procedure.
- If you have pain when placing weight on the leg, have continued swelling, or are walking with a limp, then you should use your crutches.
- Getting up and moving around after surgery will help decrease the risk of blood clots

Activity

- **Sleep:** Try to keep your operative foot elevated on pillows and keep your knee straight. This will help with swelling initially. However, if you have full motion and are comfortable, there are no sleep restrictions.
- **Driving:** Driving is NOT allowed while taking opioids. However, once off all narcotics and you feel that you can adequately react, you may drive again. You must be able to brake firmly and comfortably.
- **Return to Work:** You may return to work once you are no longer taking opioid pain medication during the waking hours, and once you are comfortable performing your job. Return to work will depend on the specifics of your job.
- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort, it should not be detrimental to your healing.

Physical Therapy

- Rehab and therapy are KEY aspects of surgery, and most patients find at least a few sessions of formal physical therapy very helpful in their recovery



- Regaining full knee extension quickly is critical to your recovery. DO NOT keep pillows under your knee, or leave your knee in a bent position

Follow Up

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 5-7 days after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have.

Questions/Concerns

- After surgery, you may experience swelling in the leg/ankle/foot, water/blood drainage from the incisions, and bruising in the leg. These are expected and should resolve within 10-14 days. Continue icing your knee and affected areas. Elevate your leg above heart level to help decrease swelling. Please take pain medications as prescribed and stay on top of your pain.
- Call the office immediately or go to your nearest emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, excessive incision drainage, pus drainage from the incision, calf pain, difficulty breathing, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency, please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office at **412-283-0260**

**Due to the current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will not write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side effects and addiction.*

If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.

