

BOCA RATON ORTHOPEDIC GROUP, INC.

INSTRUCTIONS FOR PATIENT'S HAVING ARTHROSCOPIC SURGERY OF THE KNEE

Your operation was performed by arthroscopic methods. The interior of your knee joint was visualized with a small telescope. The diagnosis was established and appropriate surgery was performed, with special microscopic instruments.

I. Pre-operatively

- a. Once the arthroscopic surgery date has been chosen, you should advise your local medical doctor of your pending surgery. You do not necessarily have to see your local physician, but please advise him of the date of your surgery. Pre-operative studies, which will include a blood count, Electrocardiogram and possible Chest X-ray, can either be done by your local physician or at the surgery center on the day of surgery.
- b. Please stop all aspirin and herbal remedies for two-weeks prior to your surgery.
- c. Pre-operatively, we ask you to take medications for preemptive analgesia. This involves normally taking a Cox-2 inhibitor such as Bextra, Celebrex or Vioxx, (2 tablets the day before the surgery and 2 tablets the morning of surgery. In addition, taking 500mg tablets of Tylenol (2 tablets the day before and 2 tablets the morning of surgery). You should not have any food for 8 hours. You should not have any liquid for 4 hours except for the sips of water necessary to take these medications. You will also be advised if you should take your regular medications prior to the surgery. We have found that taking these medications prior to surgery help significantly reduce the amount of pain afterwards.
- d. After surgery, most patients do not need any assistive aides such as canes, walkers or crutches, although a rare patient will need that. We would like you to try to walk as normally as possible with a heel-toe gait. The normal inclination is to walk on your toe and not flat-footed, and this will often cause severe cramping in the calf. It is important that you walk with as normal a gait as possible, as soon as possible. I ask you to minimize your activities for the first four days. I do not like you to go out to dinner, no shopping, no yard work, because the more you are up on this, the more it is likely to swell and hurt. I ask you to rest with your leg out straight. You may lie on your side or stomach if it is more comfortable, but we just do not want you to dangle your leg for any long length of time. You may get up to go to the bathroom and have your meals and take short walks. I usually see people the next day, where their dressing is changed. A big, compressive, bulky dressing is placed the day of

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your surgery. Fluid is used to distend the knee for visualization and much of this fluid then comes out during the evening. The wounds are left open so this fluid can drain into the dressing. Do not be alarmed by the dampness or bleeding in the bandage, as this is a common occurrence. The next day in the office, the dressing will be changed and the Steri-strips will be applied to your wounds. These will normally come off on their own in five to six days. If not, you can take them off. If they do come off early, simply place band-aids over the holes. If you are unable to come in for a dressing change the next day, I may suture the wounds. These sutures then will be removed several days later. Ice will not get through the heavy bandage the first night, but after that, I ask you to use ice such as a bag of frozen peas, for 15 minutes, 5 times a day. I also ask you to start the exercise program. You normally shower after 48 hours, but we ask you not to use a pool or soak your leg in a bath for 10 days. After the first day, I would like you to change your gauze pads, which will be given to you, twice a day. Once after a shower in the morning, and once a second time, using the ACE bandage to keep these in place. If your foot swells, becomes cold or tingles, the first thing is to loosen the ACE wrap. If symptoms persist, or you have a temperature more than 101°F, please call our office at 561-391-5515. Swelling is a normal part of the post-operative period and if the swelling persists, and does not go down with medications and ice, sometimes I will drain the knee in the post-operative periods. Exercises are an important part of your recovery to rebuild your quadriceps muscle, which is the large anterior muscle of your leg. We ask you to do three exercises: (1) Isometric Quad – Lay on your back, stretch your leg as straight as you can by pushing your knee down to extend the leg as far as possible. Hold this for 6 to 10 seconds, then release. Do this 10 to 12 times each hour. (2) Straight-Leg Left – Lying down, raise your leg 12 inches, push your heel out for 6 to 10 seconds; do this 5 times an hour. (3) Bending exercises – Bending your knee only needs to be done only 3 times a day while sitting in a chair, preferably on a smooth floor. While sitting, slide yourself to the edge of the chair, stretch your leg out straight with your foot on the floor, slide your foot along the floor underneath you, as far back as it will go, without too much discomfort. Do not force it in any way. Try to bring it back a little further each time. Do this 3 times a day. You may experience soreness and stiffness, and this is a routine part of the post-operative course. By the end of a week, you should have 90 degrees of flexion and this will persist. I recommend starting an exercise program, usually about the fifth day after surgery. This can be done on your own if you belong to a gym facility. I recommend

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starting riding the exercise bike and doing light weights. If you are not used to using machines, than I recommend that you work with the physical therapist of your choice. This prescription will be given to you on the first post-operative day. It would normally start about the fifth post-operative day.

II. AMBULATION

- a. There is no harm in putting full weight on your knee immediately. You are encouraged to walk as normally as possible, putting one foot in front of the other. This is a normal gait. If this is not possible without too much discomfort or limping, you may have to use crutches or a walker for a few days as necessary.

III. PAIN

- a. 50% of our patient's have little or no pain with our preemptive analgesia routine, but you will be given a prescription for pain medicine such as Vicodin, to use post-operatively. This is a narcotic, and it can make you dizzy and groggy, and you should not drive with this. It may also make you constipated. Some people feel dizzy or awkward from the medication. If you have any reactions with that, please stop the medication. Pain is a normal course in the post-operative period, but usually, if it comes, it will only be for several days.

It is a privilege and honor to be chosen as your physician. I trust that our office, and myself, will give you the state-of-the-art care, with top-notch service and a compassionate approach to your recovery. If you have any questions, please do not hesitate to call. Thank you very much.

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