

Patient Discharge  
Instructions



**Knee Arthroscopy**

Physician: **Dr. M Gittins**

OrthoNeuro

Phone: (614) 890-6555

Your operation was performed by arthroscopic surgery. Arthroscopy is the standard way of operating on cartilage tears, joint surface damage, and many other knee disorders. The inside of your joint was viewed through a small fiber optic telescope, and surgery was performed with special microscopic instruments. Small shavers and cutting instruments are used to remove and shape tissue that is not repairable. No large incisions were made, however you will have several ports of entry. These small incisions may become sore and develop bruising after surgery. This is normal and will eventually disappear. The sensation of fluid “splashing” in the joint is also normal and will quickly resolve. This surgery is done on an outpatient basis (you go home the same day) and may be done under general, spinal or local anesthesia.

**Please view our website at [www.OrthoNeuro1.com](http://www.OrthoNeuro1.com)** for more information. Click on **Patient Education**, then click on **Knee**. The Viewmedica window has information on anatomy, conditions, and surgical techniques. There is also an option to print the information.

**Diet**

- ◆ Return to your normal diet slowly. Start with liquids. Progress to a regular diet if you are not nauseated.
- ◆ Do not drink any alcoholic beverages for 24 hours or until you are no longer taking narcotic pain medication.
- ◆ You will need a diet high in fiber until you return to your usual activities.
- ◆ If you are diabetic, check with your family doctor about diet and medication.

**Safety and Activity**

- ◆ Arrange for an adult to drive you home from the hospital and stay with you for 24 hours.
- ◆ Limit your activity for 24 hours. You may feel dizzy; take care as you walk or climb stairs.

## **Safety and Activity (continued)**

- ◆ Do not play sports or do any lifting until Dr. Gittins approves.
- ◆ You may drive in 2-3 days if you are no longer taking narcotic pain medication and have good control of your leg.
- ◆ Do not make important personal decisions or sign legal papers for 24 hours.
- ◆ You may put as much weight on the operative leg as you can tolerate. You will be given crutches for safety. Use them until you can walk without a limp. Most patients are able to walk without crutches in 1 day. Do not bear weight on the operative leg while it is numb.
- ◆ Postoperative rehabilitation and exercises are very important to regain motion and then strength. Please refer to page 4 for further information.
- ◆ Return to work depends on your type of employment. Seated work can usually be performed in a few days, while heavy labor jobs may require longer. Discuss this with Dr. Gittins.

## **Pain Management**

- ◆ Pain medication has been placed in your knee during surgery. Complete control of movement and feeling of your operative leg may not return for 24 hours. After that, you will experience an increase in pain.
- ◆ You will be given a prescription for pain medicine. Some patients do well with ibuprofen or acetaminophen, if they have no contraindications. If you don't have any contraindications, take one 325mg. aspirin daily with food for the first two weeks.
- ◆ Apply ice bags for 15-20 minutes every 1-2 hours. This will decrease swelling and pain. Continue to use ice as long as swelling or pain persists. Use ice after performing exercises. Place a towel, dressing or clothing between your skin and the ice.
- ◆ Keep leg elevated above the heart level as much as possible for the first 1-2 weeks after surgery to decrease both swelling and pain.

## **Wound Care**

- ◆ Your dressings may become moist or blood stained. This is not usually cause for alarm.
- ◆ You may remove your Ace bandage and dressings in 24 hours and shower. Allow water to run over your leg but do not scrub or soak wounds. Pat area dry. Bathing, soaking or hot tubs should be avoided until Dr. Gittins approves.
- ◆ After showering apply Band-Aids to each incision. Change these Band-Aids daily. Keep the wounds clean and dry. Cut the Ace bandage in half and continue wrapping your knee until the swelling goes down.

## Post Anesthesia Instructions

- ◆ If you received general anesthesia, you may have a dry, raspy throat. Throat lozenges may relieve this. You may also have 1-2 days of muscle soreness.
- ◆ If you received spinal or epidural anesthesia, you may have pain at the injection site. Rarely patients may have a headache. If you do, stay in bed (getting up to go to the bathroom only), drink plenty of fluids and take Tylenol (Acetaminophen) 650 mg. every 4 hours. Do not exceed 4000 mg. in a 24 hour period. Call us at (614) 775-6600 if you have not urinated within 6 hours, your headache persists after 2 days, you develop new leg weakness or numbness, or you experience an inability to control your bowels or bladder.
- ◆ Regional (nerve block) anesthesia can provide superior pain relief, minimize side effects and get you home sooner. However, you must be prepared for when it wears off. On average you will get 12-18 hours of pain relief from the time the block was placed. Occasionally the numbness may persist for over 24 hours. This time period may be your most comfortable for several days. Movement in your thigh will return before the sensation in your knee. The last of the numbness can resolve quickly, therefore, be prepared to take pain medication even before the first sensation of discomfort. Because of the timing of placement, the block may wear off during the night. Even if your leg is still numb, taking pain medication at bedtime may make the transition more tolerable. Anti-inflammatory medications such as Tylenol or Ibuprofen are good options if acceptable to your surgeon. Alternatively, you can take one tablet of your prescribed pain medication. You will be instructed to use crutches or a walker as you will not be able to use your numbed leg for support. From an anesthesia perspective it is important not to walk unassisted until the numbness in your leg has completely resolved. Some mild pain at the injection site is normal for 1-2 days. If you have severe pain at the injection site, contact the Anesthesia Department at (614) 775-6600.

## Follow-Up Appointment

- ◆ Follow up with Dr. Gittins in 6-10 days after your surgery. If you do not already have an appointment, call Dr. Gittins's office to schedule one.

**Contact your doctor immediately if you have any of the following:**

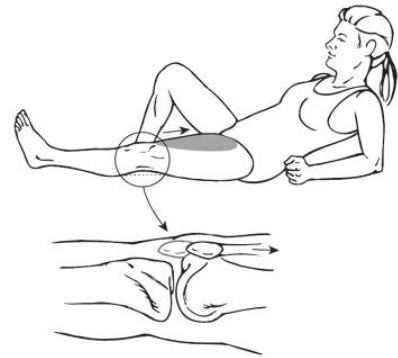
- ◆ Heavy or persistent bleeding.
- ◆ Difficulty breathing or swallowing.
- ◆ Fever over 101°F.
- ◆ Changes in the color or temperature of your foot or toes.
- ◆ Sudden onset of numbness after nerve block resolved.
- ◆ Sudden, severe pain or pain not relieved by medication.
- ◆ Redness, swelling or pus around the incision.
- ◆ Inability to urinate within 6 hours of leaving the hospital.

**For after hour emergencies, contact the doctor at (614) 890-6555. If symptoms are severe, go to the nearest emergency room or call 911.**

**Repeat each of the following exercises ten times 3-4 times/ day.**

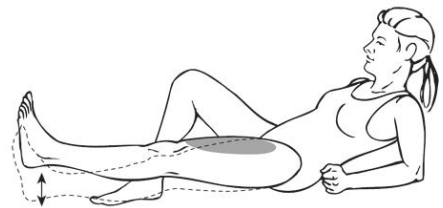
**A. Quad Sets**

Slowly tighten muscles on thigh of straight leg while counting out loud to 5.  
Repeat with other leg to complete set.



**B. Straight Leg Raises**

Begin in the same position as the Quad Sets. Lift the operative leg approximately 12 inches from the floor and hold for 5 seconds. Bring the leg back down slowly. (It should take 5 seconds to reach the floor).



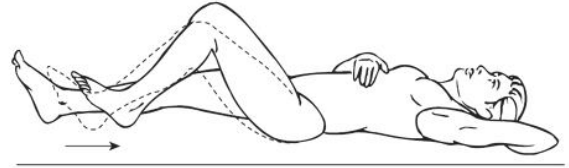
### C. Short Arc Quads

Bend the nonoperative knee. Place a firm pillow or towel roll under the injured knee. Straighten the knee and hold for 5 seconds.



### D. Heel Slide

Bend knee and pull heel towards buttocks. Hold 5 seconds. Return slowly. Repeat with other knee to complete set.



### E. Knee Tightening and Stretch

Rest the heel of the operative leg on a rolled pillow to allow the knee to straighten. Tighten the knee. Hold for 10 seconds.



### F. Ankle Pump

Bend ankles to move feet up and down, alternating feet.



### G. Side Leg Raise (Outer)

Place bottom leg below operative leg, keeping top leg straight. Lift upper leg, keeping it in line with your shoulder. Lower slowly.



### H. Side Leg Raise (Inner)

Bottom leg is the operative leg. Keeping operative leg straight, lift up for 5 seconds, keeping it in line with your shoulder. Lower slowly.

