



Always First.
GENEVA • ELGIN

Knee Arthroscopy Post-Operative Instructions

Dr. Vishal Mehta

Partial Meniscectomy - trimming of cartilage shock absorber
Chondroplasty - trimming of articular cartilage that coats the bones

WHEN TO CALL: Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

DAY AFTER SURGERY: You will be receiving a post-operative phone call from the surgical staff within a few days after surgery to check on you and assist you with any concerns.

PAIN MEDICATION: Your prescription for pain medication will be called into the pharmacy of your choice before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable. Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

MINIMAL PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period. If you are taking an aspirin per day (for blood clot prevention), you should be cautious combining aspirin with anti-inflammatories (NSAID) such as Advil, Aleve, or Ibuprofen. These medications together can increase risk of GI bleeding. Please contact your medical doctor with questions about taking aspirin together with NSAIDs.

ICE: It is helpful to use ice to decrease pain and swelling. For the first few days after surgery, please try to ice at least 5 times daily, for 20 min each time. You may also elevate your leg on a few pillows while laying down to decrease pain and swelling.

DRESSINGS: You will have a soft dressing and ace wrap applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become slightly moist or blood-stained; this is normal and usually not a cause for alarm.

WEIGHT BEARING: You may put full weight on your operative leg immediately after surgery. Some patients will be given crutches to use for comfort, but they are not required. Wean off the crutches whenever you are comfortable walking without them.

BATHING/DRESSING CHANGE: You may remove your dressing 48 hours after your surgery to take a shower. You may have steri-strips over your incisions (small white strips of tape). If so, leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then you may leave the steri strips uncovered if you'd like. Or, you may recover each of the steri strips with band-aids if there is still any drainage. You may not soak in a bathtub or go swimming until your incisions are healed (usually 2-4 weeks).

DRIVING: Please do not attempt driving until you are off the pain medications. You should wait to drive until you can comfortably and safely operate the vehicle (get from gas to brake).

PREVENTION OF BLOOD CLOTS: Although the risk is very low, there is a small chance of developing blood clots into the leg after a surgery. A blood clot in the leg is called a DVT or deep vein thrombosis. Most patients will be asked to take a 325mg aspirin daily for 1 month after surgery to prevent clots. Some patients at higher risk of blood clots will require another form of anticoagulation such as lovenox injections or coumadin. Those at higher risk include patients who have had prior DVT, are on birth control pills, patients who smoke, or have clotting disorders.

RETURN TO WORK: This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. For example, if your surgery is on a Friday, you could likely return to a desk job by Monday. If you have a more labor-intensive job that may require more walking, squatting or heavy lifting, you may need at least 2-4 weeks off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

PHYSICAL THERAPY: You will start physical therapy within 1 week of surgery. Most patients will go 2-3 times/week for about 3 weeks. It is common to start physical therapy prior to your first post-operative visit.

SPORTS SPECIFIC GUIDELINES

GOLF

You may **golf** 1-2 weeks post op. Please avoid excessive pivoting/twisting of the knee for a few weeks

WEIGHT LIFTING

Please follow the instructions of your physical therapist. During physical therapy, your therapist can create a safe “return-to-lifting” program. You may do upper body weight lifting and core exercises 3 days after surgery.

SWIMMING

You may get in a pool at 2 weeks post-op, as long as your incisions are well healed. You should wait to swim until you have no swelling to the knee and full motion before you start swimming. Start with a gentle flutter kick then progress as tolerated.

OTHER SPORTS: Once you have full and comfortable motion and your physical therapist feels that your strength has progressed well, you may resume sports without restrictions. Individual progress varies but it is usually 2 to 6 weeks after surgery before a complete return to team sports such as baseball, football and soccer. Please ask us about returning sooner if you'd like.

MOST COMMON QUESTIONS - KNEE ARTHROSCOPY

When can I drive?

Once you feel comfortable and able to safely operate a vehicle, you may resume driving. You must be off the narcotic pain medication to drive.

When can I resume normal workouts?

You may do a stationary bike or elliptical machine within 1-2 weeks after surgery

You may do light jogging at 2-3 weeks post op, but start on an even-surface/treadmill to make sure your knee feels comfortable

You may swim 2-3 weeks post op. Make sure the incisions are well healing

You may golf 1-2 weeks post op. Please avoid excessive pivoting/twisting of the knee for a few weeks

For most contact sports, you may resume play 2-4 weeks after surgery.

We can discuss any of your sports and exercise in more detail at your first post-op visit

**Slight increased swelling to the knee after exercise can be normal. Please ice after you exercise*

When can I go back to work?

This will vary, based on the nature of your job. If you have a desk job, you may return to work as soon as you are off the pain medication, comfortable driving, and feel that you may perform your job. For example, if your surgery is on a Friday, you could likely return to a desk job by Monday. If you have a more labor-intense job that may require more walking, squatting or heavy lifting, you may need at least 2-4 weeks off work. We can discuss this in more detail during your 1st post-operative visit and we can give you work status notes (including light duty if this is an option for your job).

Do I need to go to physical therapy?

Most patients benefit from therapy 2-3 times/week for up to 3 weeks. If you are making great progress in therapy, you may not need the full 3 weeks. Your physical therapist will help determine the optimal amount of therapy that is best for you.

If you have undergone a prior, similar knee arthroscopy, you may not need to go to physical therapy if you are comfortable with resuming motion and strength on your own.