

operated leg. You may remove it to shower, but keep it on at all other times, including sleeping.

Wound Care: You will have two or three roughly (1)-centimeter arthroscopic punctures and no incision. The post-surgical dressing will be moist or wet and may appear bloody on the night of surgery as the fluid used to inflate your knee seeps out tinged with blood. Do not worry that you are bleeding excessively unless the dressing becomes saturated with bright red blood. On the first day after surgery, remove this dressing after washing your hands. You can use rubbing alcohol to clean the area. Usually you may apply a simple band-aid to each puncture. If one or more of the punctures is still draining, then apply sterile gauze with tape until it stops. You may shower on the second day after surgery and should reapply band-aids afterwards.

Driving: If you feel comfortable driving, you may do so on the first post-operative day, if you have an automatic transmission and your right leg has not been the one operated on. If your right leg has been operated on, you should delay driving until at least your first post-operative visit. Some patients after right knee surgery will be able to drive relatively soon, when their knee feels strong enough to operate the gas pedal, *if* they are comfortable braking with their left leg. In all cases you should practice driving in a relatively empty parking lot before getting on the road. In particular, you should practice braking hard to make sure you can make an emergency stop. If in doubt, do not drive. If you have a clutch you must be especially careful not to drive prematurely.

Knee Motion: Knee motion is encouraged to help prevent post-operative stiffness. Up and down movement of your foot as if “pumping” your ankle is also beneficial. A CPM (continual passive motion) machine is used for microfracture patients for the first

6 weeks after surgery for 6 hours per day. Most patients prefer to use the machine while they sleep to maximize their time and comfort.

Leg Elevation: Elevating your foot when seated to just below waist level, with the knee slightly bent, helps decrease foot and ankle swelling. If you elevate your foot to waist level with your knee perfectly straight, your foot may experience numbness from stretching of the sciatic nerve.

Diet: You may eat whatever you wish. Do not push yourself to eat if you feel nauseated. It is important to drink a moderate amount of fluid. Many patients do not have much of an appetite for 24 hours after the surgery. As long as you are consuming fluids (Gatorade, clear non-caffeinated soda or chicken broth are best) this is not a problem. Your appetite should gradually return.

Body Temperature - Fevers: Your normal body temperature of 98.6 degrees may increase normally by one degree in the evening. Thus a true fever is usually over 100 degrees. Fevers are normal after surgery due to chemicals released by bleeding. Fevers in the first 4 post-operative days do not indicate the presence of an infection. Fevers over 100 degrees after the first 4 post-operative days may indicate infection. Infection is exceedingly rare after arthroscopic surgery. If your fever is over 101 degrees & you are excessively hot, you may take Advil or Tylenol, but in general the Tylenol in your pain prescription will provide sufficient temperature control. If your temperature is over 100 degrees on or after the 5th post-operative day, call me.

Follow-Up Appointment: Call our office the day after surgery to schedule a follow-up appointment. The exact timing is not critical, but it should be about 1 week after the procedure. We will remove your stitches or staples

Illinois Sportsmedicine and Orthopaedic Centers

Rehabilitation After Arthroscopic Knee Surgery

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Weight Bearing: You will be “weight bearing as tolerated” immediately after surgery until your recovery is complete.

This means that you may put as much weight on your operated leg as is comfortable for you immediately after surgery always using 2 crutches or a walker. You should attempt to walk with a normal gait. It is important to take off enough weight that you have **NO** pain and can walk without a limp. Over the next few days or weeks, you will increase the amount of weight on your leg until you are full-weight-bearing, with no crutches or walker.

Be very conservative. A walker is safer than crutches. This will decrease your risk of falling and save wear and tear on your hands and arms. Be very careful not to fall.

Pain Control: You will probably have hydrocodone with acetaminophen. If you are allergic, you will have another medicine. Take these as per the instructions on the bottle as needed. Never take more than 9 of these pills in a 24 hour period no more frequently than every 3 hours apart.

Do Not use NSAIDs after surgery -

This class of drugs includes aspirin, ibuprofen (Advil), Aleve or prescription NSAIDs (Celebrex, Naproxen, etc). However, you may take aspirin for your heart if this was previously prescribed.

Icing Your Knee:

To help decrease pain you can ice your knee. Fill up a large zip lock plastic bag with ice. Put a clean thin towel or bandage on your knee then place the bag of ice on top. Do not put ice directly on your skin. Some patients receive an ice machine they can use at home. Keep the cold applied to the area continuously until the pain has decreased. Most patients use cold more or less continuously for the first week. Swelling in the knee is expected after surgery and is a normal part of the healing process. It will resolve on its own gradually after surgery. The pain should decrease steadily after surgery. An increase of pain can mean that you are doing too much, too soon. Call the office immediately if you have **CALF PAIN** and/or swelling, redness or the skin feels hot to the touch; as these may be signs of a blood clot in your leg.

Recovery Time For: Meniscectomy, Chondroplasty, Loose Body Removal, Diagnostic Arthroscopy, Synovectomy, Debridement, Articular Cartilage Biopsy, and Arthroscopic Lateral Release:

Full recovery may occur as quickly as four weeks after surgery and may take as long

as six months or longer, depending on the severity of your problem, your age, and the procedure performed. In most patients, the complete recovery process takes several months. During this time, your activities and function will gradually increase according to your condition. Return to a sedentary office job may be possible as soon as one day after surgery, but may take longer if your pain is severe. Return to a physical job may take weeks or months, depending on your condition and the nature of the job.

Microfracture:

If you have had microfracture of your femoral condyles or tibia, you will use crutches for the first six weeks. If you have had drilling of your patella or trochlea (patellar socket) you will have a knee immobilizer, and may walk weight-bearing as tolerated immediately after surgery. Use the knee immobilizer only for walking; at all other times let your knee bend. Full recovery may take four to nine months as the newly regenerated fibrocartilage grows in and matures. If insufficient new cartilage grows in, your knee may stop improving and further surgery may be necessary. Return to work will be dictated by your ability to function with your weight bearing restrictions.

Lateral Release:

You will have a knee immobilizer on your