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General Post Operative Instructions Knee Scope

WOUND CARE:

- After surgery, wounds are typically covered with gauze, cotton padding and an ACE bandage. You may shower and begin dressing changes 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- Leave any steri-strips (adhesive paper strips over the incision) in place.
- You may begin showers after the first dressing change. Otherwise, keep your incisions clean and dry. Avoid putting any topical creams or ointments on your incisions.
- Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- There may be stitches visible when changing dressings. These should be left in place until removed in clinic.
- Because of the fluid used to inflate the knee during surgery, some drainage is expected. If the dressings become saturated or drainage continues beyond the first few days, please call the office.

ICING:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation as well as helping with pain control.
- Ice should be applied between 20-30 minutes at a time with a 20-30 minute break. For the first 48 hours, this 20-30 minute interval of on/off ice should be utilized throughout the day and night when possible.
- You may choose to discharge home with an ice machine. These machines often allow you to adjust the timing and duration of icing.
- If you did not choose to use an ice machine, you may use a bag of ice, a reusable ice pack or frozen vegetables. Remember to never put the bag or pack directly on the skin, always use a towel or cloth to protect your skin.
- After the first 48 hours, the icing should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, please call the office.

- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Please take this medication as instructed. Pain medication can be decreased as pain improves.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- You may discontinue using your crutches as you feel comfortable. Begin by ambulating around the house without crutches, but still taking them with you while in public. Once you feel comfortable to be without them in public, discontinue using them altogether.
- Concentrate on getting your knee range of motion back as you can tolerate.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until discussed with Dr. Flikkema
- Physical therapy may be prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery and which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Most patients will be instructed to take aspirin daily for 2-6 weeks after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.
- Below is a list of signs and symptoms that may represent a blood clot. Please call the clinic immediately at (763)786-9543 if you have any concerns.
 - Increasing pain and tenderness in your calf
 - Redness and/or warmth in your calf
 - Worsening leg pain when pointing toes towards your head

REASONS TO CALL THE OFFICE:

Please call the office at (763) 786-9543 for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

FOLLOW-UP APPOINTMENT:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.
- Your wounds and the overall appearance of the knee will be assessed. Any visible sutures will be removed during this visit.
- Prescription refills and work restrictions will be addressed if needed.
- Bring your operative pictures to this appointment to further discuss if you desire.