

Knee Arthroscopy Postoperative Instructions

ACTIVITY

- You may be weight bearing as tolerated after surgery, unless told otherwise. Typically, patients use crutches or a walker for 2-4 days after a knee arthroscopy. You may discontinue using your crutches or walker whenever you feel ready. When walking it is important to focus on walking “heel-toe” by placing your heel on the ground as the first phase of your step rather than limping by walking on your toes.
- It is common for your knee to be swollen or to feel and hear clicking or popping in your knee. This may take 4-6 weeks after surgery to resolve.

DRESSING

- You will have a soft dressing applied over your knee.
- Keep this dressing clean, dry and intact.
- Due to the large amount of fluid in your knee, some dressing saturation is to be expected.
- On post operative day 2, you may remove the dressing and cover your incisions with band aids.
- Starting on post operative day 2, you may shower but should avoid scrubbing your incisions. No soaking your incisions in a bath or hot tub. Please place new band aids on your incisions after showering.

PAIN CONTROL

- You will be prescribed pain medication (outlined below) for your postoperative pain.
- We also recommend icing frequently for pain or swelling after surgery.
 - You can use any form of ice (icing machine, a bag filled with ice cubes, bag of frozen veggies, or reusable ice pack).
 - Use a protective layer (such as a dish towel) between the ice and your skin, so that you do not freeze your skin.
- Ice for 20 minutes at a time, with at least 20 minutes off in between icing sessions.

MEDICATIONS

- Oxycodone 5 mg, 1-2 tablets every 4-6 hours as needed
 - This is a narcotic pain medication for moderate to severe pain. It is our goal to wean our patients off this medication within the first week following surgery.
- Tylenol 500 mg, 2 tablets every 8 hours
 - We recommend this as a baseline pain medication for the first week following surgery.
 - DO NOT exceed 4000 mg of Tylenol in a 24-hour period.
- Ibuprofen 200 mg, 3 tablets every 8 hours
 - If you can take NSAIDs, over the counter Ibuprofen can be helpful for mild to moderate pain and can replace narcotic pain medication

- Aspirin 81 mg, 1 tablet twice a day
 - This is an anticoagulant. While the risk of blood clots is low following shoulder surgery, we recommend patients take this for 4 weeks following surgery.
 - If you are already taking an anticoagulant medication, you should resume your medication 24 hours after surgery. You will not need to take Aspirin 81 mg in addition to your current anticoagulant medication.
- Zofran (ondansetron) 4 mg, 1 tablet every 6 hours as needed for nausea
 - This is an anti-nausea medication that can help resolve nausea associated with anesthesia and narcotic pain medications.
- Colace (stool softener) 100 mg twice daily
 - The use of narcotic pain medication can cause constipation. We suggest using an over-the-counter stool softener (Colace) while taking pain medication. Stop taking this medication if diarrhea develops.
- Resume all home medications the day after surgery.
- Variations in postoperative medications may be made on an individual basis.

DRIVING

- You are not allowed to drive while taking narcotic pain medication.
- If surgery was on your right knee, we do NOT recommend driving a car while you are using crutches or a walker. You need to be able to put all of your weight on your foot before attempting to drive. It usually take 1-2 weeks before patients are able to drive with their right leg.
- Dr. Schuette will discuss with you when it may be appropriate to return to driving.

POSTOPERATIVE APPOINTMENTS

- Your first postoperative appointment will be 1-2 weeks after your surgery.
 - Sutures or staples will be removed if required.
 - Physical therapy may be initiated.
- Your second postoperative appointment will be approximately 6 weeks after surgery.

REASONS TO CALL THE OFFICE

- Please call Dr. Schuette's office (952-442-6943) if you have any questions or concerns, or develop the following:
 - Increased pain that is not responding to pain medication
 - Increased warmth or redness at the surgical site
 - Large amounts of bleeding or drainage
 - A sustained fever greater than 101° F
 - Excess pain or swelling of the calf
 - You significantly injure your operative body part