

DR. WOODSON POST-OPERATIVE INSTRUCTIONS: KNEE ARTHROSCOPY

WOUND CARE, DRESSINGS AND SHOWERING

On post-operative day 3 you may remove the dressings and you may notice some swelling and bruising to the thigh, knee and leg which is normal after surgery. Under the dressings are band-aids over your knee incisions, which were closed with absorbable sutures and waterproof skin glue. Use the compression stocking for 2 weeks.

You may shower on post-operative day 1, however, you must keep your bulky dressings clean and dry (i.e.. wrap leg in trash bag). After removing your dressings on post-operative day 3, you may rinse with soap and water but no soaking or scrubbing of the incision. When drying off, pat dry the incisions. You can apply band-aids over the incisions to keep the incisions clean.

Until cleared by the surgeon:

- Do not use a hot tub, Jacuzzi, swimming pool, bath or submerge yourself in any other body of water.
- Do not apply any creams, lotions or ointments over the incisions.

BRACING, WEIGHTBEARING AND ACTIVITY

You may be placed in a knee brace and given crutches. The amount of weightbearing and bending of the knee depends of your surgery.

- **Partial Knee Meniscectomy:** A brace may not be needed but you may be given crutches or a cane to assist with weightbearing after surgery. You may progress to weightbearing as soon as you can tolerate and have no restrictions on your range of motion. Limit your activity for the first week and no impact sports or cutting/twisting for the first 6 weeks.
- **Meniscal Repair:** You will be given crutches for use as you will be **NON-WEIGHTBEARING** on your surgical leg for 4 to 6 weeks. You should wear your brace in a fully extended position at all times except for range-of-motion exercises and quad strengthening exercises (see below). Range-of-motion is limited from 0° to 90° (i.e. knee bent over a chair)
- **ACL Reconstruction:** You will be given crutches for use as you will progress to full weightbearing over the next 2 weeks while you strengthen your quad muscles. You should wear your brace in a fully extended position at all times except for range-of-motion exercises and quad strengthening exercises (see below).
- **ACL Reconstruction with Meniscal Repair:** Follow meniscal repair guidelines
- **Lateral Release of the Patella:** You will be placed in a knee brace that will keep your leg straight and prevent you from bending the knee. You are allowed to ambulate on your surgical knee as long as the knee brace is locked in extension. Limitations will be in place at least until your first post-operative visit.
- **Microfracture of Patella-Femoral:** You will be placed in a brace to prevent you from bending your knee. You may put weight on your leg as long as you are in the brace with your knee extended over the next 8 weeks. You can remove the brace to work on passive range-of-motion exercises of your knee and for utilization of a continuous passive motion (CPM) machine if prescribed.
- **Microfracture of Tibia/Femur:** You will be placed in a knee brace and will only be allowed to be toe-touch weightbearing for the next 6 to 8 weeks. You will begin with range-of-motion exercises of the knee and may be prescribed a continuous passive motion (CPM) machine. After 2 weeks, you will start using a stationary bike with no resistance.
- **Exercises:** The goal of the exercises are to strengthen your quad (thigh) muscles, which are important in keeping your knee strong. Exercises are to be done non-weightbearing. Goal is 25 reps, 4 times a day.
 - **Quad Sets:** Straighten the knee by tightening the quad, flexing the ankle (toes point to ceiling), and pushing the back of the knee into the floor. Hold for a count of 10 seconds.
 - **Straight Leg Raises:** With tight quad position as above, slowly raise the straight leg off the floor and hold for 10 seconds.
 - **Passive Range-of-Motion:** Use your hands to lift your upper thigh to bend your knee then straighten it. For ACL repairs, do not exceed 90 degrees of flexion.

PAIN MANAGEMENT, ICING AND SWELLING

A pain medication prescription will be given following surgery. Pain medication may alter your ability to drive, and it is illegal to do so while on the medication. Also, do not make major life decisions while taking the pain medication as you may be impaired.

Icing the knee is a great way to reduce pain and inflammation while also reducing the need of pain medication and speeding up the recovery process. Ice the knee multiple times a day and always after physical therapy. Never apply ice directly over the skin, wrap the ice around a small towel and apply it to the knee for 20 minutes at a time. Alternatively, you may utilize a continuous flow ice machine. Elevation of your leg will also help with reduction of pain and swelling. When elevating your leg, place cushions or pillows under your heel and calf so that your knee is at least 12 inches above the level of your heart.

PHYSICAL THERAPY

Call the physical therapist recommended by your surgeon. Physical therapy typically begin after your first post-op visit.

POST-OPERATIVE VISIT

You will have your first post-op visit within 2 weeks following your surgery. If you have any questions or concerns before then, call the office to speak to our on-call provider. Signs and symptoms to look out for include fever over 102°, difficulties breathing, increased pain and swelling to the calves.