

# POST OPERATIVE INSTRUCTIONS

## Knee Arthroscopy Meniscectomy / Lateral Release/ Ligament Reconstruction

### Your Surgery Demonstrated

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### Treatment Included

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#### Diet

1. Begin with liquids and light foods (jello, soups, etc.)
2. Progress to your normal diet if you are not nauseated

#### For 24 Hours Following Surgery

1. Be in the care of a responsible adult
2. Do not drive or operate machinery
3. Do not make important personal or business decisions or sign legal documents
4. Do not drink alcoholic beverages

Peripheral nerve block instructions provided and reviewed with patient stated understanding

#### Activities

1. Crutch/Cane walking is
  - a. As tolerated
  - b. Necessary
2. Non / partial / toe touch weight bearing on operative leg.
3. Considerable swelling is expected following surgery. Do not engage in activities which increase pain or swelling in your knee, such as stair climbing or long periods of standing.
4. You should **NOT** stay in bed. Mobility is encouraged to decrease risk of blood clots.
5. Ice in a waterproof bag should be applied to the knee for 10 to 15 minutes each hour for 24 to 48 hours after surgery.
6. Elevating limb both when in bed and when up in a chair will help decrease postoperative swelling.
7. Do not drive until approved by your physician.
8. Return to work depends on your type of employment.

#### Exercise

1. Begin exercises immediately for both legs and repeat each waking hour: "quad sets" (tightening thigh muscles), straight leg raises, and vigorous ankle and foot movements. **At least** 10 foot pumps every hour awake to help minimize clot formation.
2. Range of Motion
  - \_\_\_\_\_ Straighten and bend your knee according to comfort
  - \_\_\_\_\_ Do not engage in range of motion until approved by your physician.

**Wound Care**

1. A wrap has been applied from the foot to the thigh to minimize the risk of swelling. Loosen the ACE bandage if swelling of the foot or ankle occurs.
2. Keep the surgical incisions/dressing dry.
3. Surgical Dressing
  - Remove on second post-operative day
  - Re-wrap ACE
  - Do not re-wrap ACE
  - Dressing will be removed by your physician at office visit
4. Cover wound with tegaderm or bio occlusive water proof band aide when showering. Avoid immersing in water. After showering remove waterproof band aide and replace with regular band aide.

**Medications**

1. Strong oral pain medication has been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages.
2. When taking pain medication, be careful as you walk, or climb stairs. Mild dizziness is not unusual.
3. ASPIRIN (enteric coated) 81 mg 325 mg Once/Day Twice/Day for \_\_\_\_\_ weeks
4.  Do not take medications that have not been prescribed by one of your physicians.

**When to Call Your Physician**

1. Increasing swelling or numbness
2. Unrelenting pain
3. Fevers or chills, increasing redness around incision
4. Color change of foot or ankle, calf pain, calf swelling
5. Chest pain, rapid heart rate, rapid respiratory rate
6. Continious drainage or bleeding from incisions. A small amount of drainage is expected.
7. Any other worrisome condition

**Follow-Up Care**

1. Please call to schedule a follow-up appointment (if not already done) for 7-10 days postoperatively at **978-818-6350**.

**Other Instructions**


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These instructions have been explained and copies provided to Patient/Significant other.

**RN Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have received and understand the above instructions.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_