

Jeffrey B. Witty, M.D.
North Oaks Orthopaedic Specialty Center
Hammond, LA 70403
Day phone: (985) 230 – 2663
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Knee Arthroscopy Postoperative Instructions:

Postoperative instructions for the procedures noted below.

- 1) Meniscus debridement
- 2) Chondroplasty
- 3) Loose body removal
- 4) Other knee debridement

Important Phone Numbers:

- Please see the contact information above for important phone numbers to call.
- If you have concerns after hours, please call the “After hours number” to reach our on-call services.

Physician Followup:

- Appointments for post surgery followup can be made one of two ways.
 - o Either call the day phone number above to make an appointment with the doctor yourself.
 - o The nursing staff at our facility can make the appointment for you
 - o The time to your first followup will be confirmed prior to leaving for the day.
 - o Followup will usually be within the first week after surgery.

Weightbearing:

- You may start to put down as much weight as you are comfortable on the operative leg. Avoid excessive pain.
- Put weight through the foot while it is in a flat position and not the tips of the toes.

Brace:

- You typically will not need a brace after surgery.
- Some illustrations show a brace in the picture, please treat the illustration as if there was no brace.

Nerve Block Information:

- The anesthesia team may have placed a nerve block prior to surgery
- A nerve block is a procedure where numbing medication is injected around the nerves that travel to your knee.
- It should provide 8 – 12 hours of relief. During that time, the knee may feel numb and you may even be unable to move the extremity.

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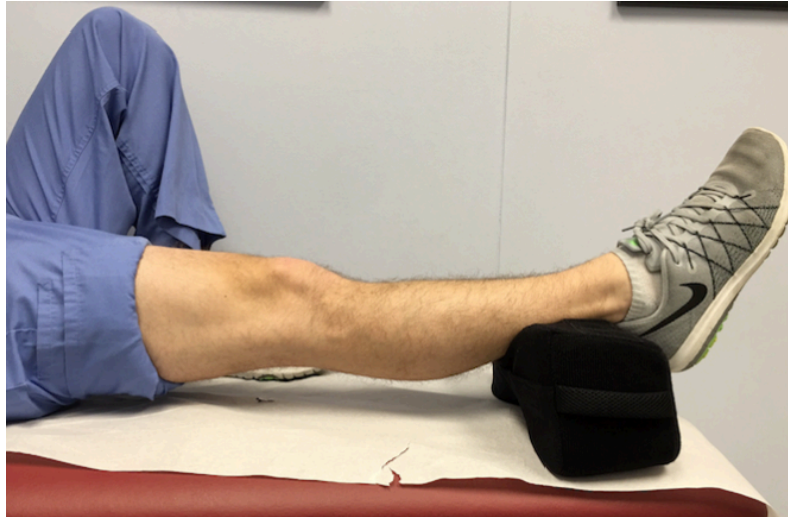


- Start taking your pain medication immediately when you start to feel any pain even if it is minimal.
- Monitor your skin closely and place a towel between the skin and any ice pack to avoid frost bite. This is important when the block is working because you will not be able to feel anything.

Recovery at Home:

- If you are discharged the day of surgery, the first meal at home should be clear liquids. Slowly increase to other easily tolerated meals (ex. rice cakes, soup) to prevent any nausea. Taking your pain medication with some food may help.
- If you have received a nerve block, it will often begin to wear off later in the evening. Take the pain medication right when you begin to feel any pain. (See Nerve Block section below)
- Apply an ice pack as much as possible to help minimize pain and swelling after surgery. After 3 days, try to apply the ice pack for about 30 minutes to an hour when you experience pain. It is common to use the ice packs for the first few months after surgery when the knee gets sore, especially after therapy. Ice therapy has been shown to be as effective as narcotic pain medication so it is an important addition to the post-operative regimen. If you have a specialized ice and compression machine, use per instructions provided by the device representative.
- Try to get up and move around as much as possible. It is ok to start to put weight down on your foot in a “foot flat” position. Avoid putting weight down on the tips of your toes. Avoid making your knee sore and limit the weight on your knee accordingly.
- Prop your leg up by placing a bump of pillows or similar underneath the calf, ankle, or foot area. This will help gravity pull your knee straight. This can be done in or out of a brace. (See below). Prop leg up just like this while sleeping at night!

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- If you begin to have painful swelling, redness, temperature greater than 100.4, or drainage from your incision, call Dr. Witty's office immediately.

Wound Care and Dressing Change:

- You will typically have a large tan/brown colored ACE type of wrap around the leg from the foot to the thigh. In some cases you may have a stocking instead.
- Please note that the illustration of the surgical incisions on this form may be different depending on your specific procedure.

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- This can be removed 3 days after surgery.
- Simply unwrap the bandage.



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- Underneath will typically be some padding material and underneath that material will be gauze like material. You may see some blood on the bandages.

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- - Underneath the gauze will be either small tape like dressings called Steri-strips or you will see the incision and any sutures / skin clips themselves.



- - There may be a thin yellow gauze directly on the surgery incision.

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- Incisions are typically closed with metal skin clips, non-absorbable (non-dissolving sutures), or absorbable (dissolving) sutures.
- The first time you remove the dressings, the Steri-strips or the yellow gauze may be left in place if they are stuck to the skin and do not peel off easily. They will eventually fall off. Change your dressing once a day with 4 inch by 4 inch gauze and re-wrap the ACE bandage or reapply the stocking over the gauze. You may also use absorbent adhesive dressings and re-wrap with the ACE or the compression stocking.

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- - You may stop the dressing changes once the gauze has no spotting or drainage on it for a 24 hour period. You may remove the Steri-strips or the yellow gauze at this time – even if it is stuck to the skin.

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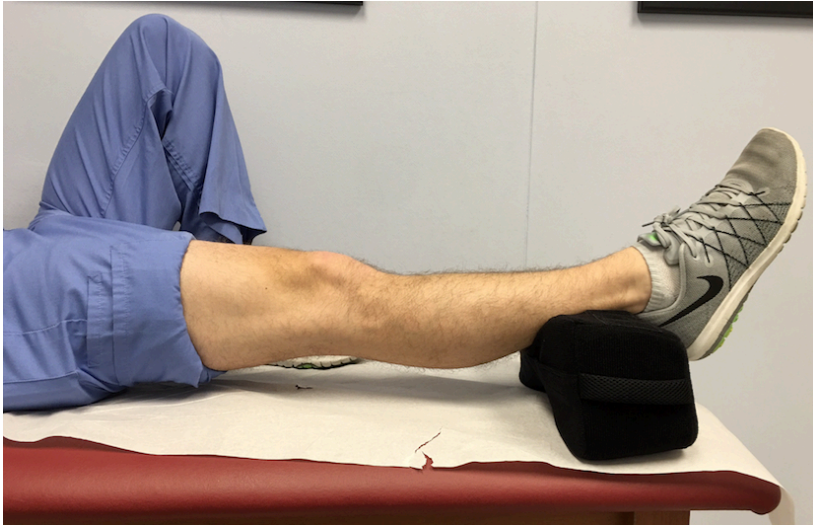
Exercises: Refer to drjeffreywitty.com under “Patient Education Videos” to see demonstrations of the exercises below.

- The following simple exercises can be started immediately (same day) after surgery. These should be done while lying on a bed or seated on the floor.
 - Heel prop
 - Towel stretch for extension
 - Towel stretch for flexion
 - Quad sets
 - Ankle pumps
 - Patella mobilizations
 - Gravity assisted flexion/extension
 - Straight leg raise
 - Active Knee extension
 - Weight shifting

1) Heel Prop

- a. Prop bolster/bump underneath ankle to allow gravity to pull knee straight
- b. Bolster/bump can be made of anything soft, but should allow the ankle to be high enough to allow the knee to fall into extended (straight) position
- c. This may be performed as much and as long as patient comfort allows
 - i. Goal for at least 5 – 10 times per day for about 5 minutes each time
 - ii. In addition, whenever the patient is sitting, the patient should be performing the heel prop as described above.

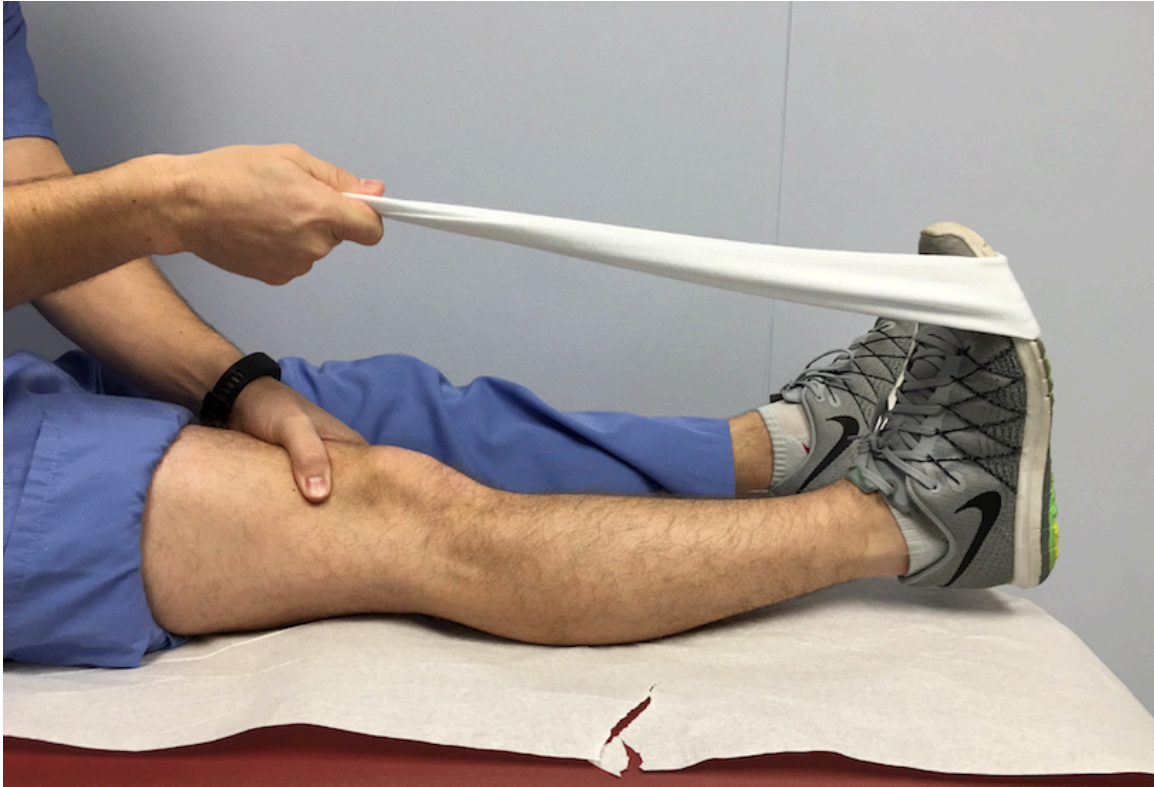
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2) Towel stretch for extension

- a. Use a towel or sheet that is long enough to reach the sole of the foot
- b. Place a hand just above the knee cap
- c. While the hand holds downward pressure stabilizing the knee, pull back on the towel to stretch the knee straight
- d. Most people will have some degree of hyperextension. This exercise allows the patient to regain that motion
- e. Perform at least 10 sets of 10 repetitions 5 – 10 times per day and hold for 5 – 10 seconds each time

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3) Towel stretch for flexion

- a. Place towel around leg just above the ankle
- b. Exercise can be done while seated in bed or on floor
- c. Wrap sheet or towel around leg just above ankle and pull to help stretch the knee as much as possible
- d. Use of a sock may help decrease the friction on the floor or bed to allow the foot to slide more easily.
- e. Perform at least 5 – 10 times per day and hold for 1 minute each time

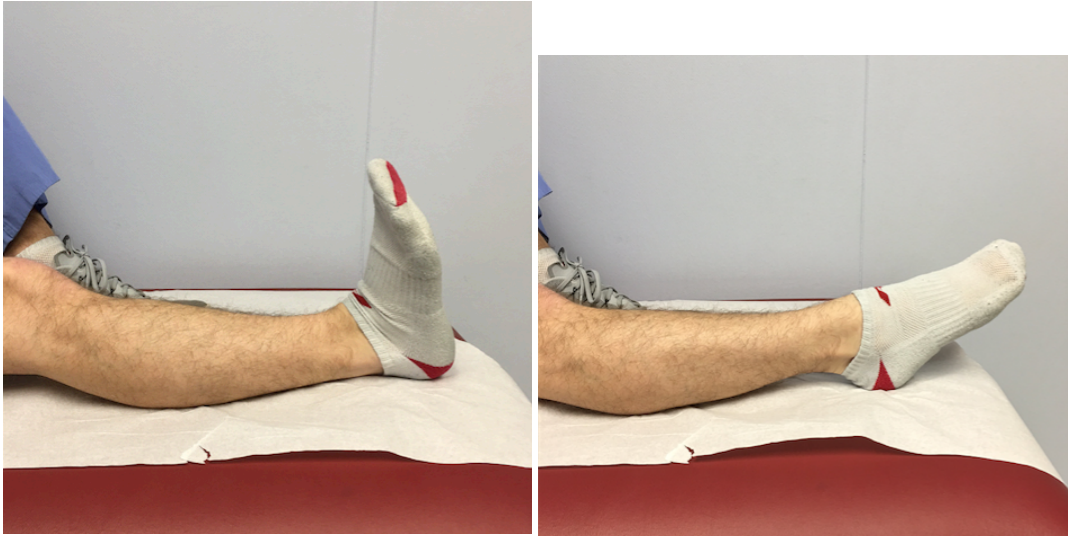
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4) Ankle Pumps

- a. Dorsiflex (pull ankle and foot toward your head) and plantarflex (push ankle and foot away from your head)
- b. Hold for a few seconds before moving foot the other direction.
- c. Do this exercise whenever you are performing the other exercises

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5) Patella Mobilization

- a. With opposite hand push/stretch the knee cap toward your foot
 - i. To your left
 - ii. To your right
 - iii. Back toward your head



- b. Massage space just above the patella. This is called the suprapatellar pouch

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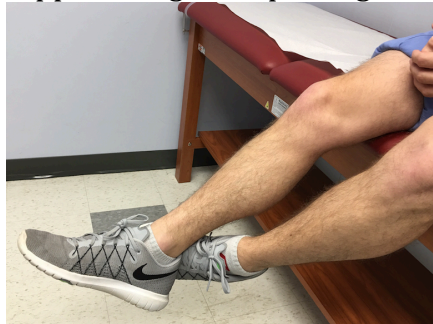
6) Gravity assisted flexion, active assisted extension:

- a. Sit at the edge of a table or chair high enough that your foot doesn't touch the floor. Place bend of the knee just beyond the edge.
- b. Allow gravity to pull knee into flexion.

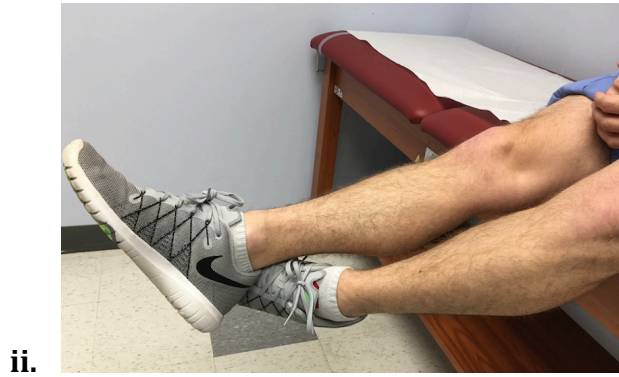


i.

- c. Use the opposite leg to help straighten the knee out against gravity



i.



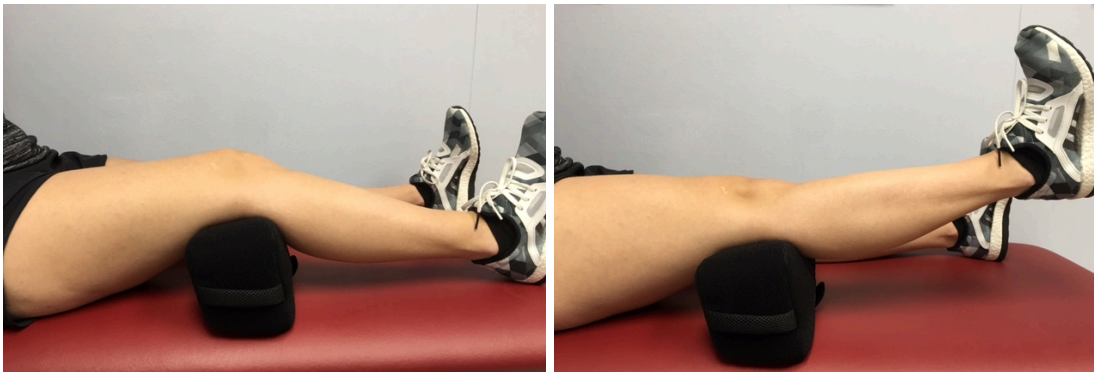
7) Straight leg raises

- a. Start with quad sets (see above). Once muscle starts to feel better you can start these exercises. If you still have difficulty holding knee straight without assistance, hold off on this exercise until your muscle strength and pain improve.
- b. If you have a hinged knee brace, perform this exercise with the brace LOCKED with the knee completely straight
- c. Once you are able to keep knee completely straight on its own, you can do the exercise without the brace
- d. Perform lying flat
- e. While keeping opposite knee bent for stability, slowly raise the injured leg against gravity about 1 foot off the surface and hold for about 3 seconds and then lower then leg back down
- f. Exercise 4 – 5 times a day with goal of 100 reps by the end of the day



8) Active Knee Extension

- a. Place a bump under the knee
- b. Slowly extend the knee until full extension is obtained and hold for a few seconds.
- c. Perform at least 3 times a day. 3 sets, 10 repetitions per set.
- d. The goal is to achieve equal extension compared to uninjured knee



9) Weight shifting exercise

- a. Once the knee is able to achieve full extension (can get all the way straight), the patient can start to perform weight shifts onto the operative knee
- b. While standing, shift weight as tolerated onto the operative extremity while pushing the knee into the fully straight position.
- c. Start by shifting only part of your weight on to the operative leg and gradually get to point where you can place all weight on operative leg.
- d. Hold position for a few seconds and then shift back
- e. Work on this during times when you are walking or standing throughout the day.
- f. Perform with crutches for support and balance until cleared by therapist.

10) Quadriceps sets

- a. Perform in seated position
- b. Keep operative leg straight and tighten thigh muscles so that the back of the knee is pushed down into the floor, bed, or table.
- c. Perform 4 – 5 times a day and work up to 100 repetitions by the end of the day

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Crutches or other assistive devices:

- Please review the following resource regarding the appropriate use of crutches and walking aids. This document is also available to download from our website.
<http://orthoinfo.aaos.org/topic.cfm?topic=a00181>

Showering:

- If weight-bearing is restricted, a shower chair or similar will be necessary.
- If not, a chair or similar may be needed for safety if you are still unsteady with your balance.
- Only start showers once your dressings have been dry for a 24 hour period.
Do NOT soak in the bath until cleared by physician.
- Do NOT scrub the incisions
- Use gentle, non-fragrance soap
- Pat dry with fresh, clean cotton towel