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At Presbyterian/St. Luke's Medical Center

Knee Arthroscopy Postoperative Instructions

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You have just had arthroscopic surgery for your knee. You had an ACL reconstruction.

Even though your incisions (puncture sites) are small and should heal quickly, the structures inside your knee may take 6 to 8 weeks to heal and settle down. Your knee may be swollen after surgery because fluid has been used to visualize the structures necessary to perform surgery. In the days following surgery, some of the fluid is absorbed by the knee and the remainder will leak out of your incisions.

Dressing:

You may remove your dressing on the third postoperative day. If there is drainage, cover the incisions with a gauze dressing held in place by adhesive tape. If the drainage is minimal, the incisions may be covered with Band-Aids until the drainage subsides.

- You will likely have Steri-Strips over your incisions, which are long clear band-aids. These will slough off on their own over the course of a couple weeks. You do not need to remove them.
- If you have sutures on your skin, they will be removed at your first post-op appointment

Swelling:

Swelling after knee/leg surgery is common. Elevation of the leg is key to reducing swelling. It is advised to elevate often and follow the directions for cold therapy as well. You may use ace wraps or compressive socks as well to help with swelling.

Cold Therapy:

Use a cold pack, ice pack, gel pack or cold therapy machine for 20 minutes 5-6 times a day. Place a thin cloth between the ice and skin. Cold therapy machines will have further instructions.

Showering:

You may shower on the third postoperative day after removing your dressing, if there is no drainage from the incisions. You may get the incisions wet. If you are unsure that the incisions have stopped draining, then wait until your follow-up visit to shower with your incisions uncovered. Do not soak in water for at least 3 weeks after surgery. Avoid hot tub or pools until 6



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weeks after surgery.

Weight Bearing:

Follow the below weight bearing restrictions circled below. It is recommended even if you are allowed to weight bear as tolerated that you use crutches, cane or walker at first until the leg feels stable to go without walking devices.

- Partial Weight Bearing (about ½ of full weight bearing or just enough for balance)
 - o For ACL reconstruction
 - o Your physical therapist will guide you to slowly progress to full weight bearing after 2 weeks

- Non-Weight Bearing (full crutch or walker use)
 - o If you also had a meniscal repair
 - o This is for 6 weeks

Brace:

Your knee will be put in to a hinged knee brace will be put on while you are asleep in the operating room. You may adjust the straps for comfort once you get up and move around. You will need to wear this at all times when up and walking. You may remove for sleeping if desired, but may feel more comfortable to sleep with it on during the first couple of weeks.

- The brace will be locked from 0-120 degrees
 - o For ACL reconstruction

- The brace will be locked from 0-90 degrees
 - o If you also had a meniscal repair

Physical Therapy:

Formal physical therapy is an essential part of the recovery period. **Your first PT appointment needs to be within 1 week of surgery.** We recommend scheduling this in advance, and therapists tend to book up.

Motion and Activity

You will need to bend and straighten your knee as soon as it is comfortable to do so. Start motion early! Using your knee will help decrease the swelling as long as you do not overdo it (i.e. no vigorous steps, squatting or kneeling). Moving your foot up and down (as if you are stepping down on a gas pedal) also helps decrease swelling. You may unlock your knee brace for range of motion.

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Exercises:

Tightening your quadriceps (thigh) muscle is all that is needed initially. With your leg straight, try to make the entire front of the thigh contract and hold for 5 seconds and then relax. This is called a QUAD SET. Repeat the exercise for 5 minutes, 4 to 5 times a day or more often if you can. As you become more comfortable, you can begin doing STRAIGHT LEG RAISES. A straight leg raise is performed by first doing a Quad set, and then raising the leg straight up with the knee locked out and the thigh tight. As you tolerate this exercise more, you should perform 100-200 daily. Start with sets of 15 and build up. Remember: Strong quadriceps muscles are the key to a successful recovery!



Pain medication:

An anesthetic is injected into your knee at the end of surgery. This usually provides pain relief for several hours postoperatively. You will be given a prescription for pain medication. Take the pain medication as needed. On the first postoperative day, begin taking pain medication prior to going to sleep, even if the nerve block has not worn off. You may also take anti-inflammatory medication (ibuprofen, Aleve, naproxen, Motrin), which results in less swelling and pain after 6 weeks from surgery. You should also take Tylenol 650mg every 6 hours in addition (Tylenol does not interact with the other medications).

Constipation:

Constipation is a common side effect of taking pain medication and anesthesia. It is important to prevent constipation.

- Drink 6-8 glasses of water each day
- Walking at least 30 minutes per day
- Eat a diet high in fiber- including whole grain breads, fruits, and vegetables
- Over the counter medications such as Senna and Docusate (following directions on label) will also help.

Nausea:

Nausea is common after surgery. You will be given anti-nausea medication during surgery and a prescription for nausea after surgery.

Driving:



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Do NOT drive while taking narcotic pain medication.

If surgery was performed on your right leg, it may take longer to resume driving. You may drive once you are fully weight bearing, and you feel comfortable that you have enough motion and strength.

We recommend practicing in a parking lot before driving on the roads.

Office visits:

1st post-op visit: _____

- This is 2 weeks after your surgery. You will likely see the PA.

2nd post-op visit: _____

- This is 6 weeks after your surgery. You will see Dr. Sobky.