



Post Operative Instructions:

MUA

ACTIVITY

- You may use crutches to assist with walking as needed
 - You may not bend your knee after the surgery as tolerated up to full range of motion
 - Limit prolonged standing or walking for the first 5–7 days after surgery.
 - Avoid long periods of sitting without elevating the leg and avoid long-distance travel for 2 weeks.
 - Do not prop up a pillow under your knee. Instead, support your heel so gravity can help fully extend your knee, as shown in the picture below.
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PAIN & INFLAMMATION

Ice

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

Compression

- Use an ACE wrap or white stocking to reduce swelling.
- The white stocking should be worn for 5–7 days to help prevent blood clots and reduce knee swelling.

Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your calf or foot, not under the knee.

Pain Medications

- Take your prescribed medications as directed.

Tylenol (Acetaminophen)

- First-line for pain.
- Take 1000 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 4000 mg per day (limit to 3000 mg/day if you have liver issues).
- Do not drink alcohol while taking Tylenol.

Oxycodone

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:

- Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
- Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
- Light walking helps stimulate bowel function.

Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.

DVT PROPHYLAXIS

- Take Aspirin 325 mg twice daily for 4 weeks after surgery.
 - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
- If you already take aspirin or other blood thinners, make sure your surgeon knows, as your plan may need adjustment.

EMERGENCIES

You must have someone stay with you during the first 48 hours after surgery.

Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
- You develop a fever >101.5°F or chills.
- You experience leg or calf pain, swelling, or difficulty breathing.

FOLLOW-UP CARE

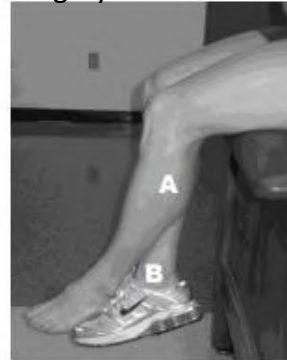
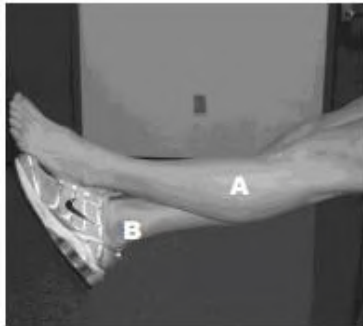
- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).
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EXERCISES

- When you feel ready, you may perform each exercise 2–3 times per day.
- It may help to take pain medication 20–30 minutes beforehand and apply ice afterward.

Flexion:

1. Sit in a chair and remove or unlock your brace
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend by doing ALL work with the unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Use the unoperated leg (B) to straighten the knee
6. Perform 10-20 times in a row
7. **Goal = 90° of flexion** (bending) by 4 weeks after surgery



Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee down into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles

Perform 2-3 sets of 10

Straight Leg Raises:

1. Lie on the floor with your brace on and locked
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle



Perform 2-3 sets of 10

Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds

Perform 2-3 sets of 10

