



## **KNEE:** *Arthroscopic Knee Surgery Instructions*

### ***Before Surgery***

There are several things you can and should do for the best possible result and quick recovery from surgery.

- Before your surgery, we will meet with you to review your diagnosis, treatment alternatives, potential complications and prognosis. Depending on whether or not you have **other health problems** and what these are, we may have you get other laboratory tests, an EKG, or see your primary care doctor to make sure it is safe for you to have surgery.
- Please inform us if you are taking any **blood thinning medications** like aspirin, Plavix, Coumadin or warfarin so that we can discuss how to safely stop or replace these around the time of surgery. In general, they should be stopped one week prior to surgery and in some cases may require replacement with lovenox or heparin for a few days around surgery.
- **Anti-inflammatory medications** (Motrin, Ibuprofen, Aleve, Naprosyn, Lodine, Indocin, Celebrex, etc...) should be stopped three days prior to surgery. These also increase the risk of bleeding and make it difficult to see during arthroscopy.
- **Avoid herbal remedies or dietary supplements for two weeks.** Herbs and supplements including garlic, ginko biloba, and vitamin E can increase the risk of blood loss during and after surgery. Some supplements, most notably St. John's wort, can interfere with prescription drugs and anesthesia. It is okay to take plain Tylenol before surgery.
- A high-protein, low-fat, low-carbohydrate **diet** with lots of fresh fruit and vegetables is best for surgery and healing after surgery.
- If you **smoke**, it is best to **quit as far in advance as possible**. Smoking slows down blood flow to your tissues and decreases the body's ability to heal. Smoking also increases the chance of respiratory complications after anesthesia. It is your body and you are in charge, but try to make the decision that will best help yourself.
- If you develop **cold symptoms**, such as an increase in temperature, cough, or runny nose, tell your doctor. The surgery is elective, so it may be best to delay your surgical procedure until you are healthier.

- **Ice Machine:** If appropriate, your surgeon will try to get your insurance company to authorize and pay for an ice machine. Coverage varies. The machine consists of a cooler that pumps ice water through a bladder that fits around your shoulder. If it is not approved, we still recommend the machine for more major knee surgery (like ACL reconstruction), as it helps significantly with post-operative pain and swelling. Ask around-- someone you know may have had surgery recently, and may be willing to lend you the machine. If you're unable to borrow one, you can purchase a new machine at the time of surgery for about \$200 from the hospital. Or if you have the machine and just need a new bladder (bladders are specific for the knee or shoulder), you can purchase a new bladder for around \$50. Ask about this when you schedule your surgery.
- **CPM (Continuous Passive Motion) Machine:** These can make early post-op rehab a bit easier with gentle continuous motion for your knee. Studies haven't shown much long-term benefit to using CPM machines for most patients however. Similar to the ice machines, insurance companies have cut back on paying for these. Different than the ice machine though, we won't know until after your surgery whether the CPM machine was approved, so you may be left holding the bill. In general, we only recommend them for patients who really need them and for those who will likely get insurance to cover them. These are usually microfracture and total knee replacement patients.
- Physical Therapy is almost always used after knee surgery. **Call well before surgery to arrange your first post-operative visit.** The first visit should generally occur within a few days of surgery. Specific protocols will be provided on a paper prescription on the day of surgery—**take this with you to your first visit.**

### *Day of Surgery*

- The evening before surgery, plan on eating a regular meal, and maybe a snack prior to bedtime as you should have **nothing to eat or drink after midnight** on the night before surgery.
- If you normally take pills in the morning, you can take them with small sips of clear water the morning of surgery.
- You must have **someone pick you up from surgery**; you cannot take a cab or drive yourself. Please make arrangements for this.

- Before the procedure begins, you will meet with the **anesthesiologist**. He or she will talk with you about which type of anesthesia is most appropriate for you. For most patients, **general anesthesia** (going to sleep) is the most predictable and least complicated. With newer anesthetic medications, the medical risks of general anesthesia have decreased and nausea and drowsiness immediately after surgery are also much less. A **nerve block** may also be recommended for more major surgery. This involves placing numbing medication above the knee to anesthetize the area around your knee before you go to sleep. The block helps to reduce the amount of anesthetic and narcotics required, which also decreases your post-operative nausea, grogginess, and pain.
- After you are asleep, you will be given an **antibiotic** to help to prevent infection.
- During the surgery your knee was constantly being irrigated with saline. This helps us to see and work in the knee. Until this fluid is fully absorbed by your body, it is not unusual to hear water sounds coming from the knee.
- After the surgery and while you are still asleep, a large bulky **dressing** is applied. For some procedures like ACL reconstruction and meniscal repair, we may also place your leg in a **brace** to stabilize your knee.
- You will awaken in the recovery room. You may be given some food and drink once you are awake. As soon as you are feeling better, you may go home. Very rarely, due to medical problems or nausea/pain control issues a patient may stay the night after surgery.

### *After Surgery*

- Keep the **incisions clean and dry for 3 days** after the operation. After this time, it is okay to get your incisions wet in the shower. It is okay to shower before this time as long as you cover your incisions with a plastic bag or plastic wrap so they do not get wet.
- **Do not scrub or soak** your incisions in a tub, Jacuzzi, swimming pool, or the ocean for two weeks.
- You or your physical therapist may **remove the dressing 3 days after surgery** and cover the incisions with band-aids.
- **Ice** is a natural anesthetic that helps relieve pain and decrease inflammation. You should ice your knee for 10-15 minutes every 3 hours while you are awake, or use an ice machine if you were able to obtain one prior to surgery. Do not place the ice directly on your knee as you can get frostbite from the ice (use a towel, etc., as a buffer).

- If you wish, you may buy a portable machine that provides similar cold therapy (see above). This is generally more effective than regular ice.
- **Elevate** your knee above your heart as much as possible for the first 2-3 days after surgery. This helps to reduce swelling and prevents pooling of blood. This, in turn, relieves pain and speeds healing. The best way to do this is with two pillows or several folded blankets under your calf—never directly under your knee.
- If you were given a **brace**, keep it on **at all times** except for exercises and showers until you see your surgeon. How long you need the brace depends on the kind of surgery you had and what was repaired.
- Use **crutches** to walk for the first 2-5 days. Often this is mostly for balance, although how much weight we let you put down will depend on what was done in your surgery. You will be advised how much weight you may put on your leg by your nurse in the recovery room.
- Take the **pain medications** as prescribed. How long you need them will depend on the surgery you had, but we expect most patients to be able to gradually stop taking them somewhere in the first 2-4 weeks after surgery.
- If you are taking narcotic pain medications (e.g. Norco, Vicodin, or Percocet), these can cause constipation, dizziness, or nausea. Taking the medication with food will help. **Avoid alcohol** if you are taking narcotics.
- Anesthesia, inactivity, and narcotic pain medications all contribute to **constipation**. To prevent this, you may wish to use an over the counter **stool softener** like Colace or Pericolace. It is also important to drink plenty of fluids, eat foods high in fiber, and increase activity as you are able.
- Some patients have slightly increased body temperature for the first few days after surgery. However, if your **temperature is higher than 101 degrees** or you notice an increase in swelling, redness along an incision, or significant increase in pain then let us know as soon as possible as these are signs of **infection**.
- If you develop **calf pain or swelling**; or if you develop **shortness of breath**, let us know as soon as possible. These can be signs of a **blood clot** in your leg. This can be life-threatening if the blood clot travels to your lungs.
- Blood clots are caused primarily by immobility. To prevent this, it is important to do **ankle pumps** (point your toes and then flex your feet) and wiggle your toes 10 times an hour while you are awake and until you are ambulating normally.
- A formal **physical therapy** program will be initiated usually within a week of surgery. Try to arrange this ahead of time (ie, before your surgery) so you

have an appointment reserved when you need it after surgery. The Physical Therapy Department is generally very busy so calling well in advance is recommended. Your therapy program will be supplemented with a regimented home exercise program. It is critical to do your home exercises as instructed, as often as possible.

- Bring the **pictures** from surgery to your first postoperative appointment so that we can talk about the surgery with you.

## QUESTIONS?

If you have questions or concerns about any of these issues related to your surgery, please discuss these with us at any time.

### *Internet Resources • Helpful Websites*

American Academy of Orthopaedic Surgeons

Mayo Clinic

eOrthopod

<http://orthoinfo.org>

<http://www.mayoclinic.com>

<http://eorthopod.com>