



POST-OPERATIVE INSTRUCTIONS FOR PATIENTS HAVING KNEE RECONSTRUCTIVE SURGERY

This information sheet is designed to answer many of the questions you may have about your surgery and to discuss the do's and don'ts after surgery.

Once you get home from the hospital, get into bed and elevate the leg as instructed. Put ice, reusable cold packs or bags of frozen vegetables over the front of the knee. Keep ice on for at least 20 minutes on then 20 minutes off. If you do not feel the cold, then unwrap the ace wrap and put the ice closer to the skin. **NEVER put ice directly on the skin!!! This may cause frostbite!!** You can use the ice regularly for the first 3 days and then only as needed. If you have purchased a cold therapy unit, then you can use it more or less continuously. The temperature is controlled but you still need to be careful and not let the skin get too cold. Give your leg a break periodically and turn the unit off. If you have a brace on, open up the brace so that you can feel the cold on your knee. But wrap the brace up again before you get up and move around (refer to brace instructions on the following page).

Get in the habit of putting a pillow, cushion or other pad under the ankle and let the knee go unsupported. This encourages the knee to drop into a straight position which is what we want. Do not prop the leg up with pillows etc. under the knee. If you find that after you are up for awhile your leg is sore, simply get back in bed or a chair, ice the knee down, take a pain pill and it should settle down. Be as active as your knee lets you. But avoid setting too ambitious a schedule for yourself in the days and week after surgery. You may feel very tired and out of energy for the first week or so. This is normal and will pass.

In the first day or so after surgery, take the pain medicine regularly. Don't wait until the pain is real bad; it is more difficult to control. The pain medication is only supposed to last for 4 hours. If you take it and feel some relief for a few hours and then begin to have more pain, take some more. A Stryker pain pump and block **may** be used for supplemental pain management. If used, anesthesia staff inserted a small tube in the front of the hip area. This should be left in place until the pump runs out, generally in the first few days after surgery, and is no longer providing pain relief. While the pump is in place, you may need to wear a knee brace for support, which should be worn until full muscle control has been restored to that leg.

After 48 hours from surgery, you can take the entire dressing off. At this time, it is OK to get in the shower. **Do not take a bath or immerse the leg in a hot tub.** Only a shower is recommended. Depending on your weight bearing status (refer to the next page), you may put pressure on the foot and balance yourself in the shower or you may be advised to get a shower seat. Clean the area around the incision but do not worry about the incision itself. Don't be alarmed **if the skin around the incision is numb. This is normal.** Feeling comes back slowly in a few months. Do not stick anything into the holes

from the arthroscopy. Do not put any creams or ointments on the wounds. Let the water hit the leg. You do not have to keep it covered. Care for the rest of your body. Pat the knee dry with a clean towel. Get some gauze pads from the drugstore and put them on the incisions. Then cover it up with the ace wrap.

Call the office anytime after you get settled at home and set up the first post operative appointment for about 10-14 days later. The stitches will be removed and we will go over the operative findings. We will also make arrangements for therapy to begin. If the insurance company requires you to attend an "approved" facility, then try to arrange therapy to begin shortly after your first post op visit to avoid delays.

SPECIFIC POST-OP INSTRUCTIONS

(to be followed in addition to preceding general information)

Weight Bearing

- Non-weight bearing: no pressure is applied to leg, crutches must be used
- Toe-touch: think about an egg below your toes as you set down your foot, apply light pressure to the leg (don't break the egg) using crutches to walk
- Protected weight bearing: try to walk normal applying the majority of your body weight to the crutches
- Full weight bearing as tolerated: progress off crutches as tolerated by pain

Brace

- Immobilized: leg in extension in locked brace to prevent motion; brace may be removed for ice application and showering only
- Drop-lock hinge: when walking, the brace should be locked straight (it will be set like that in the hospital). While sitting, brace may be unlocked by locating the locking mechanisms on either side of the knee and pulling them toward you.
Remember before getting up, the brace must be locked in the straight position
- Range of motion: the amount of flexion (bending) will be set by the hospital staff at the time of surgery.

Motion

- None: leg will be immobilized and crutches used; knee should not be bent
- Limited arc: brace will be set to allow only a certain degree of flexion/extension; i.e 0 degree extension – 90 degree flexion (or less as needed)
- Full: ability to fully flex and extend knee as tolerated by pain
- Camo ped machine: to be used as instructed following given protocol, additional information will be given if machine is used
- CPM machine: to be used as instructed following given protocol, additional information will be given if machine is used

Danger signs: Call 248.988.8085 if you notice any of the following:

- If your pain is increasing, rather than improving or if you start to require more pain medication rather than less, this could mean there is a problem, but it also may be due to your being too active at home. Before you call, get off your feet, put some ice on your knee and elevate it on a cushion or pillow. Take a pain pill. Give it a few hours. If you do not feel any better and are concerned **CALL!!**
- If you start having fevers over 101 as measured by a thermometer. If you feel like you have a cold or flu, then there is no need for concern. However, if there is no other obvious cause for your fever or if your incision is looking red and angry with pus-like drainage, then this could mean an **infection. CALL!!**
- If you notice rashes, itching, hives or difficulty breathing, then you may be having an **allergic reaction** to a medication. **CALL!!**
- If you notice a cramping feeling in your calf and it gets sore to the touch. You could be developing a **blood clot!!** The front of the shin is often bruised looking and tender. This is normal. But calf muscle pain is not. **CALL!!**

Timeframe for activities following knee reconstructive surgery:

- **Walking:** You may be up and around using pain as a guide. You can put light pressure on the operated foot. As your pain improves, you may increase the amount of pressure on your leg. (Refer to specific post op instructions).
- **Crutch use:** You need to use them full time (except to shower) for the first 2 weeks. Wait until you are in therapy and are developing some good control of the leg before you discontinue the crutches. If you go around without any protection, you could slip and injure yourself.
- **Driving:** You may drive anytime if you do not use a clutch and had surgery on your left leg. If surgery was on right leg, then wait until you have adequate control over the leg to operate the controls of the vehicle. You should be able to apply full pressure on the leg without pain. This may take 2-3 weeks for the usual case. Occasionally, there are associated findings that make it necessary to use crutches for up to 6 weeks. Handicap permit applications will be given upon request for about 2-3 months at a time. **NEVER drive a vehicle while taking narcotic pain medication!!**
- **School:** You can return to school anytime you feel comfortable (1-2 weeks). You may need to avoid excessive walking. You also may need to elevate your leg on an extra chair or something of the sort. If you need any note to access elevators or special transportation (such as on college campuses) we can provide it for you.
- **Work:** If you do office work, have the ability to sit for most of the day, and can limit your walking, then you can return to work as soon as you feel comfortable (1-2 weeks). You may need to arrange a ride to work if you are not yet driving. If your job is physical and requires full use of the leg, then you will be out closer to 2 months. If your job will allow you to return with restrictions, then we may be able to allow you an earlier return. This is decided on an individual basis.

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