



PATIENT POST-OPERATIVE INSTRUCTIONS

Knee Arthroscopy / Partial Meniscectomy / Loose Body Removal / Debridement

1. DRESSINGS AND SUTURES

- The dressings on your leg should be left in place and kept dry for 3 days.
- After 3 days you can remove your dressings and shower normally but do NOT scrub the incisions.
- Apply Band-Aids over the incisions to help them heal once the initial dressing has been removed.
- Do NOT soak the leg (ie. hot tub / bath, etc) until your incisions are fully healed.

2. ACTIVITY

- Full weight bearing on the surgical leg is allowed immediately after surgery. Walk in a normal heel-to-toe pattern. Crutches have been provided to assist you with this while your pain decreases. You can discontinue use of the crutches as tolerated, but begin to wean off the crutches as soon as you can.
- When using the crutches, attempt to walk in a normal gait pattern (heel-to-toe).
- Avoid excessive exercise for the first 72 hours post-op.
- You are allowed to drive when you can walk normally without crutches and without a limp.

3. PHYSICAL THERAPY

- You will be provided with a detailed physical therapy protocol which you should bring to your physical therapist.
- If instructed, Your first physical therapy session with a *registered physical therapist* should occur approximately **4-5 days after your surgery.**
 - If Dr Ghattas asks that you go to PT, It is recommended to schedule this appointment before your surgery occurs as many physical therapy clinics have extended wait lists.
 - Bring your PT prescription and Dr. Ghattas' physical therapy protocol to your first PT visit.
- You should begin the post-operative exercises in this package on the first day after your surgery and continue them until your first physical therapy visit.
- It is recommended that you attend physical therapy 2-3 times per week for the first 3 weeks after surgery, with exercises performed daily at home.

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4. PAIN

- Local anesthetic has been placed into your knee – this will wear off in 6-8 hours after surgery.
- You have been provided with a prescription for several different pain medications that when used together will provide the most effective pain relief after your surgery.
 - Read each bottle carefully and follow instructions:
 - 1) Aspirin – 325mg PO OD x 21 days
 - 2) Percocet (5mg/325mg) – 1-2 tabs PO q4-6 hours PRN for breakthrough pain (60 (sixty) tabs total).
 - 3) Colace (Docusate) – 100mg PO twice a day x 21 days.
 - 4) Zofran 8mg – 1 PO 6 hours as needed for nausea and vomiting
- Once you no longer require Percocet for pain control, switch to Extra-Strength Tylenol as required, but do not take Tylenol with the Percocet.
- Use an ice pack or cold therapy delivery system for 20 mins every hour while awake to help with pain and swelling.

5. BLEEDING AND SWELLING

- It is common to have some spotting through the dressings following surgery. Place an additional dressing over the area if this occurs.
- The incisions may continue to “leak” fluid after removal of the initial dressing – this is common and should not raise concern. Place an additional bandage or Band-Aids over the incisions to help them heal. Keep the incisions clean and dry.
- When sitting or lying, keep your leg elevated with several pillows placed under the ankle (not the knee) to help decrease swelling and relieve pain.

6. DIET

- Resume your regular diet following surgery – drink plenty of fluids!
- Add additional fiber to your diet to help relieve the constipation associated with the pain medication.

7. RED FLAGS

- Complications after Knee Arthroscopy are very rare but can occur. If you develop any of the following symptoms go to your nearest emergency department for assessment:
 - Increasing calf pain / swelling that does not improve with elevation and ice
 - Shortness of breath
 - Chest pain
 - Redness and purulent drainage around the incision

8. POST-OPERATIVE VISIT

- Your first post-operative visit is scheduled for: _____



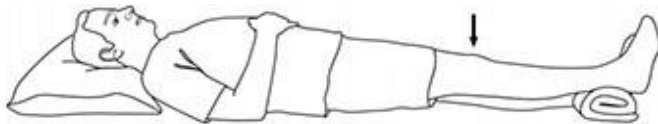
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INITIAL POST-OPERATIVE EXERCISES:

- Begin the following exercises on post-operative day 1 after your surgery.
- Exercises should be carried out in a slow, controlled manner. Slight discomfort is normal during these exercises, however, if you experience significant pain STOP the exercises.

Passive Knee Extension – Place a rolled-up towel or cushion under the ankle of your surgical leg. Do not place anything under your knee. Allow your muscles to relax and let gravity bring your leg into full extension (ie. fully straight). Hold this position for 10-15 minutes. Repeat 3 times per day.



Heel Slides – Lie on your back. Bend your surgical leg by sliding your heel toward your bottom to a position that you can tolerate. Hold for 5 seconds then slowly return your leg to a straight position. Do not bend past 90 degrees for first 2 weeks. Perform 2-3 sets of 10-15 reps, 3 times per day.



Ankle pumps – With surgical leg straightened, gently flex your foot and point your toes (bend and straighten the ankle). Perform 2-3 sets of 10-15 reps, 3 times per day.



Paul J. Ghattas | D.O.

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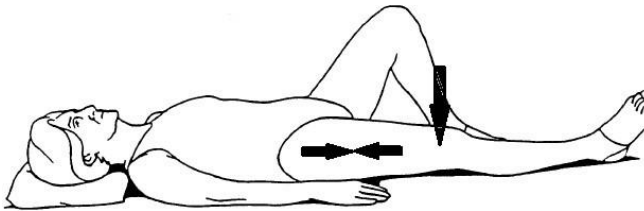


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Quad Sets – Lie on your back with your surgical leg straight. Push the back of your knee into the bed while tightening the quadriceps muscle (front of the thigh). Hold for 5 seconds, then release. Perform 2-3 sets of 10-15 reps, 3 times per daily.



Straight Leg Raise – Lie on your back with your arms at your sides. Bend your non-surgical leg to 90 degrees. Your surgical leg should be straight. Tighten your quadriceps and lift your leg 8-12 inches off the floor. Hold for 3-5 seconds then lower slowly. Perform 2-3 sets of 8-10 reps, 3 times per day.

