



Dr. Catherine Coady

POST OPERATIVE KNEE ARTHROSCOPY

INSTRUCTIONS

SURGICAL FINDINGS:

PATELLA:

TROCHLEA:

MEDIAL FEMORAL CONDYLE:

LATERAL TIBIAL PLATEAU:

MEDIAL TIBIAL PLATEAU:

LATERAL FEMORAL CONDYLE:

MEDIAL MENISCUS:

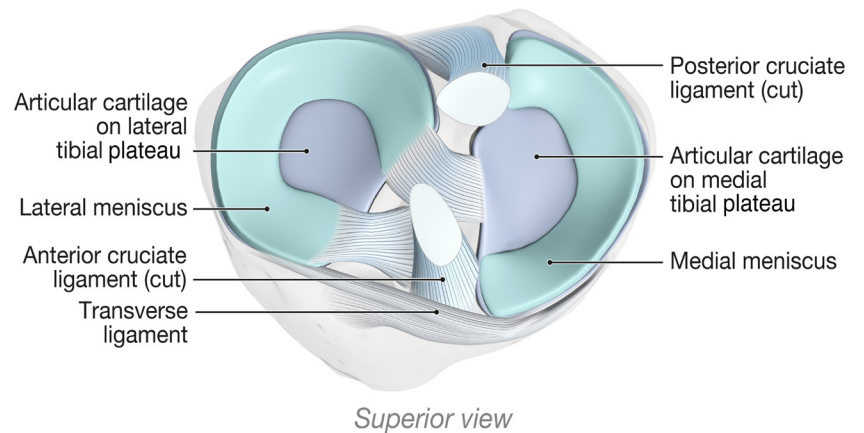
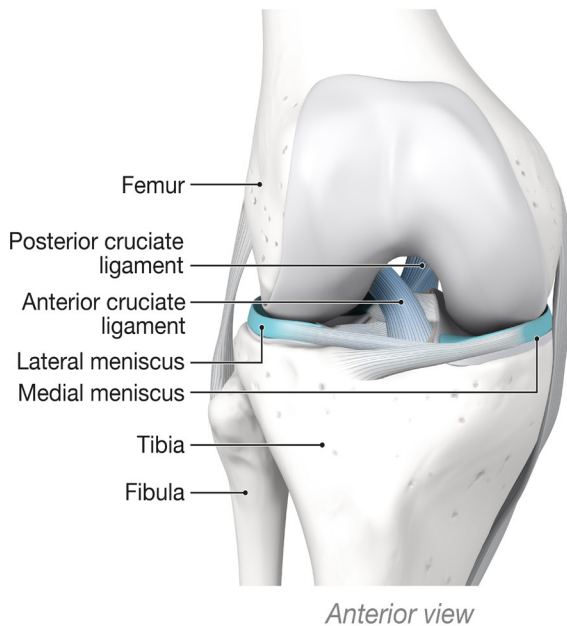
LATERAL MENISCUS:

ANTERIOR CRUCIATE LIGAMENT:

POSTERIOR CRUCIATE LIGAMENT:

OTHER FINDINGS:

KNEE JOINT



SURGICAL PROCEDURE:

WOUND CARE:

- You may remove the dressing in 2 - 3 days and apply band aids to wound(s). Keep wounds clean and dry.
- You may loosen the ace bandage and re-apply it if you find it too tight.
- You may shower in 2 days - cover the wound after showering.
- Do not soak in a tub or swim until after your first post-op visit.
- After knee arthroscopy there is a variable amount of pain and swelling often depending on how much surgery was done. You may notice swelling extending above your knee. This usually diminishes over time. It is helpful to keep the leg elevated and to apply ice regularly.
- **DO NOT** place pillows under your knee as this promotes a flexed knee position which might make it difficult for you to achieve full knee extension.

☐ A partial cast has been applied to your leg, please leave this intact until your post op visit.

ICING:

Apply ice packs to the knee 3-4 times per day for 20 - 30 minutes until swelling and pain has subsided. Never apply ice directly on the skin. If you have a cold therapy unit, please use as per manufacturer's guidelines.

CRUTCHES:

- ☐ You may require crutches or cane to assist with ambulation. If you use crutches or a cane, please walk weight bearing as tolerated. Your crutches/cane may be discontinued when you can walk comfortably (usually 3-5 days).
- ☐ If you had a **peripheral meniscal repair (suturing)**, please walk **PARTIAL** weight-bearing (30%) with crutches until your first post-op appointment. Further instructions will be provided at that time regarding how your weightbearing status will be progressed.
- ☐ If you had a **meniscal root or radial repair (suturing)**, you should ambulate toe touch weightbearing with crutches until advised otherwise.
- ☐ Other: _____

To **MANAGE STEPS WITH CRUTCHES**, use the following guide:

UP - good leg --> crutches & operative leg

DOWN - crutches & operative leg --> good leg

PAIN CONTROL:

- You have been prescribed _____ for your post-op pain control.
- Use the medication as prescribed and do not drive, drink alcohol or perform duties that require concentration or manual dexterity while on the medication.
- You may find it beneficial to take an over-the-counter anti-inflammatory such as Ibuprofen, Aleve, or your prescription anti-inflammatory etc, for pain control if you do not have any contraindications to taking this medication such as allergy, stomach ulcers, kidney problems). Use the medication as directed on the bottle. You may take the anti-inflammatory medication in addition to your pain medication.
- In order to help prevent constipation while on narcotics, you may want to take a daily over the counter stool softener such as Colace™ or Dulcolax™, which can be purchased at your pharmacy.

BRACE/SPLINT:

- ☐ A brace has been applied in the OR and will restrict your knee motion from: _____
- ☐ Please wear the brace/splint day and night until instructed otherwise.
- ☐ You may remove the brace to apply ice and to shower as long as you feel safe to do so.
- ☐ A partial cast has been applied to your knee which will restrict your knee movement until your post op visit. You may be placed in a post op hinged knee brace or knee immobilizer at that time.

BLOOD CLOT PREVENTION:

The risk of a leg blood clot following minor surgery is very rare. If you are at increased risk for blood clots such as family history, previous blood clot, or a known blood disorder, please contact the office. Patients who are on the birth control pill and/or you are overweight should consider taking one baby Aspirin per day (81 mg tablet) twice a day for 10-14 days to help reduce the risk of blood clots as long as there are no contraindications to taking Aspirin. *If you develop persistent calf pain and/or shortness of breath, you need to proceed to your nearest Emergency Department.*

AIR TRAVEL:

There is a risk of blood clot after any lower extremity surgery and this is increased during air travel. It can also be uncomfortable to sit on an airplane after surgery. We recommend waiting until at least 2 weeks after surgery for any flight. If you are able to take Aspirin (81mg or 325 mg), it is recommended that you take one tablet twice daily 2 days prior, on the day of and the day after your flight. It is also recommended to do regular calf pumps and consider wearing compression socks while on the flight.

DRIVING:

You may resume driving when you have full control of your leg and you are pain-free. The ability to safely return to driving can vary significantly between patients and the procedure(s) performed. You should **not drive** while you are using narcotic medications. If your surgery is on the **left** side and your car has an automatic transmission, you may drive in about 1-2 weeks. If your surgery is on the **right** side (or if your car is manual transmission), it may be 4 weeks before you are able to safely drive. This will be tailored for each individual – you must be off of your crutches and have good control of your leg before you can drive.

SPORTS:

The length of time to return to sport will greatly vary between each individual and will depend on the specific procedure. Your physiotherapy exercises and activity modifications will be reviewed and adjusted at each visit. Do not resume sports until have discussed this on the first post-op visit.

WORK/SCHOOL:

You may return to work or school as soon as you are comfortable and are safe to do so. This may be 2 – 4 days for sedentary work/school or 4 - 6 weeks for jobs that involve lots of walking, standing +/- kneeling and also depends on the specific procedure that was performed..

ADDITIONAL INSTRUCTIONS:

Signs and symptoms to report: persistent fever greater than 38.5 degrees, wound redness or drainage, numbness, tingling or persistent calf pain.

If you have any problems, please call the clinic @ 345-640-6360

In case of a medical **EMERGENCY** at night, on weekends or when the office is closed, you need to proceed to your nearest Emergency Department for assessment.

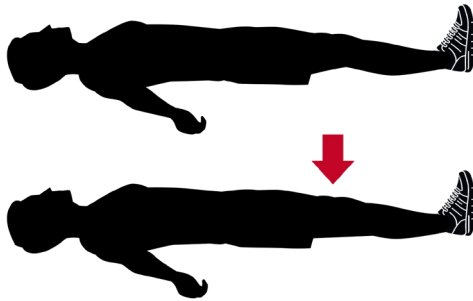
PHYSIOTHERAPY:

- ☐ You may begin quad sets, straight leg raises, calf pumps, and range of motion exercises as tolerated (see attached diagrams of the following page). Let pain and swelling be your guide as to how much you do. You should avoid kneeling or deep squatting for up to 6 weeks after a knee scope as this may be painful to do. Formal physical therapy will be organized for you if necessary at your first post-op visit.
- ☐ If a cast was applied in the OR, do the calf pumps and isometric quadriceps contractions only. If the exercises cause pain, please wait until to post-op visit to review the exercises.
- ☐ A post op hinged knee brace was applied to your knee - you may do the calf pump and isometric quadriceps contraction exercises only. You may remove the brace and range your knee from: _____ degrees. You can do the straight leg and side leg raises as long as your brace is locked at **ZERO** degrees.

POST-OPERATIVE EXERCISES

The following are some exercises that you can start doing in the early post operative phase after a knee scope. You should avoid kneeling/squatting until you are cleared to do these exercises. *If you have had suturing of your meniscus, specific restrictions will be provided to you in your post op instructions.*

QUAD SETS/ KNEE EXTENSION



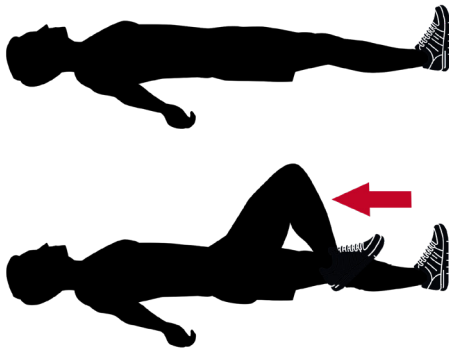
1. Lie on your back with your leg straight
2. Tighten the muscle on top of your thigh (quadriceps) by pushing the back of your knee down into the bed.
3. Hold for 5 seconds
4. Do 10 - 20 repetitions 3 times per day.
5. You may also place a rolled towel under the heel to regain full knee extension.

ANKLE PUMPS AND CIRCLES



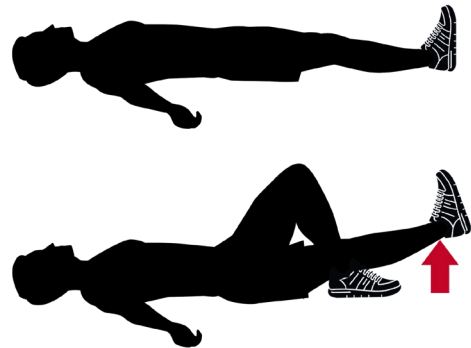
1. Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you.
2. In addition, rotate each foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.

HEEL SLIDES (HIP & KNEE FLEXION)

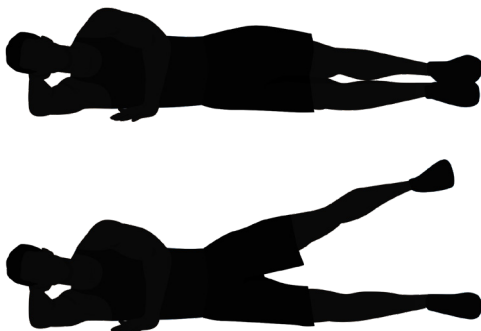


1. Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed.
2. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise.
3. Do 10 - 15 repetitions, 3 times per day.
4. You can also work on your knee flexion while sitting in a chair.

STRAIGHT LEG RAISE



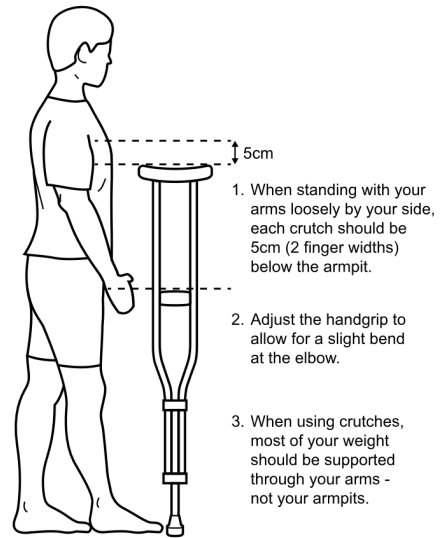
1. Bend one of your legs with your foot flat on the bed.
2. Contract your quadriceps muscle and raise your opposite leg up (about 12 inches), keeping your knee straight.
3. Progress to holding for 5 seconds.
4. Slowly lower your leg down and relax.
5. Do 5 - 10 repetitions, 3 times per day.



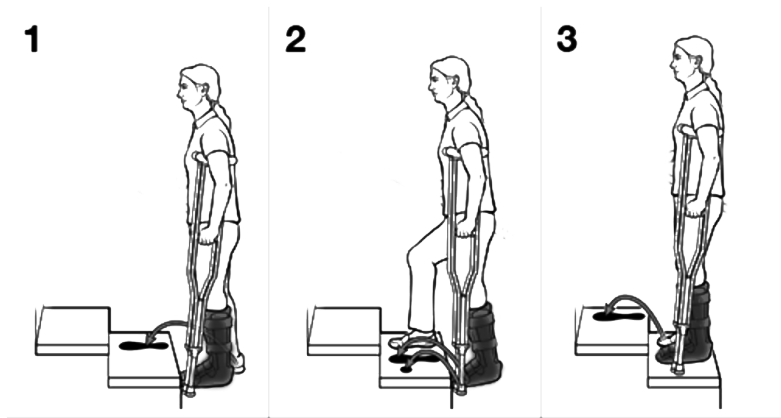
SIDE LYING LEG RAISE

1. You may attempt to do this exercise one week post op as long as you LOCK your brace in full extension.
2. Lying on your side, tighten your gluteal muscles and lift leg upward, and hold for 5 seconds.
3. Slowly lower your leg down and relax.
4. Do 5 - 10 repetitions, 3 times per day.

HOW TO FIT YOUR CRUTCHES

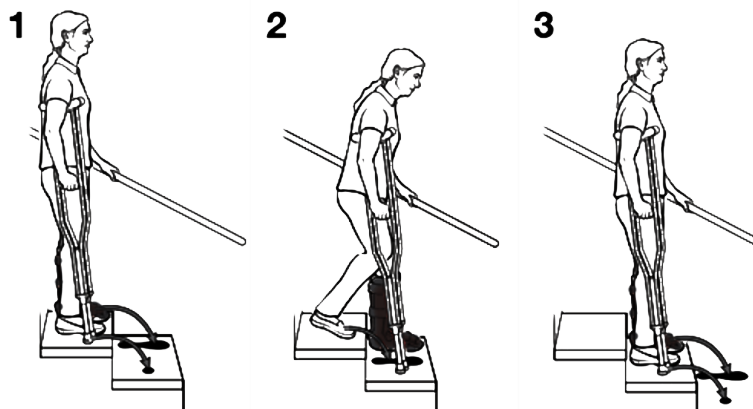


HOW TO GO UP STAIRS USING CRUTCHES



1. When going up stairs, support your weight on your hands and push up
2. Place your good foot up first.
3. Supporting your weight on the good foot, keep your weight forward and bring your bad leg and crutches up next.

HOW TO GO DOWN STAIRS USING CRUTCHES



1. When going down stairs
2. Place your crutches down on the stair below and your bad leg out first. ***Do not put weight on your bad leg if you have been advised not to.***
3. Make sure you are balanced, then take the weight down through your crutches and step down with your good leg. If you prefer, you can use your crutch in one arm and use a handrail in the other as depicted above.