

Knee arthroscopy is a commonly performed procedure that is much less invasive than previous open techniques, but it is still an operation, so there are a number of issues following your operation which may affect you.

It is common to have swelling that may persist for several days to several weeks following the surgery. The swelling will go down over time, but at different rates for different people. Wearing support hose or ace wraps will help with the swelling, as will elevation and icing.

You can expect some clear, pink, or even red fluid to come out of your incision sites onto your dressings. This is normal and is the arthroscopy fluid in your knee coming out. This will usually stop within 48 hours after surgery. Change your dressings as necessary should they become soaked through during this time period.

Your knee will likely have some mildly increased warmth following the surgery. You may run some low-grade fevers for several days following the surgery due to the effects of anesthesia or blood in the knee.

Unless instructed otherwise, you may gradually increase your activity as tolerated following the procedure. Movement may be uncomfortable, but you will not injure your knee by moving it within your level of comfort.

Diet: Advance to your usual diet as tolerated.

Activity:

1. Elevate operative leg above heart level for the next 48 to 72 hours.
2. Apply ice packs to your knee as needed during this time to lessen swelling and improve pain. Apply up to 15-20 minutes per hour, being careful not to cause frostbite.
3. Use crutches or a cane as needed for comfort. You may discontinue these assistive devices when you are able to walk without them. You may bear up to your full weight on the operated leg as tolerated.
4. Minimize squatting and stair climbing until it is comfortable to do so.

Exercises:

1. Move your ankle and toes as soon as sensation returns to your limb.
2. Beginning the day after surgery, as your comfort level allows, start the “Initial Exercise Program” on the “Knee Arthroscopy Exercise Guide.” You may progress to other exercises in the guide as tolerated.

Medications:

1. Take any narcotic medication as directed on the bottles for the acute pain. Narcotics can cause constipation, so drink plenty of water and consider increasing the fiber in your diet or taking a stool softener if necessary.
2. If you are not on blood thinners and do not have a history of problems with ulcers or stomach acid problems, you may take a medication like Motrin®, naproxen, or Iodine in addition to your narcotic pain medication. Once the acute pain improves, you may find that the non-narcotic medication is all you need.
3. Resume taking your usual medications.

Wound Care:

1. Remove your dressings on the third day after surgery and shower. Take the telfa pad and everything above it off. Leave any adhesive strips applied directly to your skin in place. You should not soak your knee in a tub or pool for at least two weeks following your procedure and then only if the surgical sites are clean and dry.
2. If you had adhesive strips applied to your skin, then you have buried sutures that will dissolve on their own. The adhesive strips will fall off on their own, typically by about two weeks.
3. If you have visible sutures, these will be removed in the office at about two to three weeks.
4. Wear the ace wrap or white support hose until the swelling goes down.

Call the orthopaedic offices at (925)295-4130 during office hours or the advice line at (925)295-4070 outside of regular clinic hours for any of the following:

1. Fever over 101.3°F more than 72 hours following surgery, or a high-grade fever (102 to 103°F) that persists for more than four hours
2. Significant redness at the surgical site or pus coming from the incisions
3. Numbness in the leg
4. Persistent pain unrelieved by elevation, ice, compression with the stockings or an ace wrap, and your pain medication

Follow-up:

Often, your follow-up appointment will be made at the time your operation is scheduled. If you do not have a follow-up appointment, please call my medical assistant at (925)295-4130 to obtain one for two to three weeks following surgery.

No need to worry about the following instructions unless you had one of these two specific procedures. They do not apply if your procedure was a removal or trimming of all or part of your meniscus.

Special Instructions for ACL Reconstruction

1. You should wear your knee immobilizer or locked knee brace at all times while walking and use crutches until instructed otherwise by your physical therapist. This is important to protect your new ACL while your thigh muscles are recovering from the surgery. You may remove the device while not walking.
2. You should not actively straighten your knee against gravity for the first six weeks following surgery as this may stretch the graft. Working on knee extension while sliding your heel on the bed or the floor is permitted.
3. Starting the day after surgery, as your comfort level allows, you should start all of the exercises in the “Initial Exercise Program” on the “Knee Arthroscopy Exercise Guide,” except the quadriceps contraction. Progress to other exercises only as directed by your therapist.

Special Instructions for Meniscal Repair

1. You should wear your knee immobilizer or locked knee brace at all times while walking and use crutches until instructed otherwise by your physical therapist. This is important to protect your meniscus repair while your thigh muscles are recovering from the surgery. You may remove the device while not walking.
2. Do not flex your knee past seventy degrees for six weeks following the surgery. This will increase the stress on the repair and may cause it to fail.
3. Beginning the day after surgery, as your comfort level allows, start the “Initial Exercise Program” on the “Knee Arthroscopy Exercise Guide.” Progress to other exercises only as directed by your physical therapist.

Knee Arthroscopy Exercise Guide

Regular exercise to restore your knee mobility and strength is necessary. For the most part this can be carried out at home. I recommend that you exercise approximately 20 to 30 minutes two or three times a day. You also may engage in a walking program. As you increase the intensity of your exercise program, you may experience temporary set-backs. If your knee swells or hurts after a particular exercise activity, you should lessen or stop the activity until you feel better. You should Rest, Ice, Compress (with an elastic bandage), and Elevate your knee (R.I.C.E.). Contact our office if the symptoms persist.

Initial Exercise Program



Hamstring Contraction, 10 Repetitions - No movement should occur in this exercise. Lie or sit with your knees bent to about 10 degrees. Pull your heel into the floor, tightening the muscles on the back of your thigh. Hold 5 seconds, then relax. Repeat 10 times.



Quadriceps Contraction, 10 Repetitions - Lie on stomach with a towel roll under your weak knee. Push ankle down into the towel roll. Your leg should straighten as much as possible. Hold for 5 seconds. Relax. Repeat 10 times.



Straight Leg Raises, 10 Repetitions - Lie on your back, with uninvolvement knee bent, straighten your involved knee. Slowly lift about 6 inches and hold for 5 seconds. Continue lifting in 6-inch increments, hold each time. Reverse the procedure, and return to the starting position. Repeat 10 times.

Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.

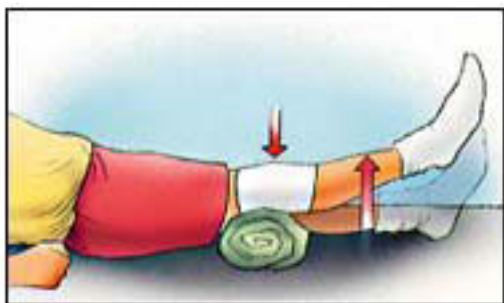
Straight Leg Raises, Standing, 10 Repetitions - Support yourself, if necessary, and slowly lift your leg forward keeping your knee straight. Return to the starting position. Repeat 10 times.

Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.



Buttock Tucks, 10 Repetitions - While lying down on your back, tighten your buttock muscles. Hold tightly for 5 seconds. Repeat 10 times.

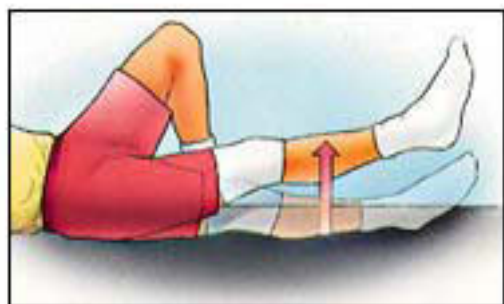
Intermediate Exercise Program



Terminal Knee Extension, Supine, 10

Repetitions - Lie on your back with a towel roll under your knee. Straighten your knee (still supported by the roll) and hold 5 seconds. Slowly return to the starting position. Repeat 10 times.

Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.



Straight Leg Raises, 5 Sets, 10 Repetitions - Lie on your back, with your uninvolvement knee bent. Straighten your other knee with a quadriceps muscle contraction. Now, slowly raise your leg until your foot is about 12 inches from the floor. Slowly lower it to the floor and relax. Perform 5 sets of 10 repetitions.

Advanced: Before starting, add weights to your ankle, starting with 1 pound of weight and building up to a maximum of 5 pounds of weight over 4 weeks.

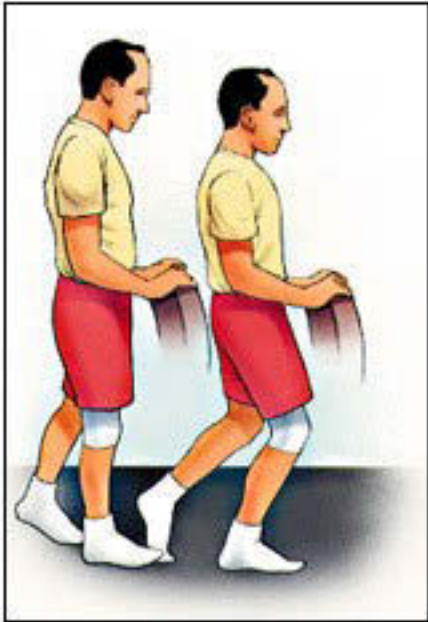


Partial Squat, with Chair, 10 Repetitions - Hold onto a sturdy chair or counter with your feet 6-12 inches from the chair or counter. Do not bend all the way down. DO NOT go any lower than 90 degrees. Keep back straight. Hold for 5-10 seconds. Slowly come back up. Relax. Repeat 10 times.



Quadricep Stretch - Standing, 10 Repetitions - Standing with the involved knee bent, gently pull heel toward buttocks, feeling a stretch in the front of the leg. Hold for 5 seconds. Repeat 10 times.

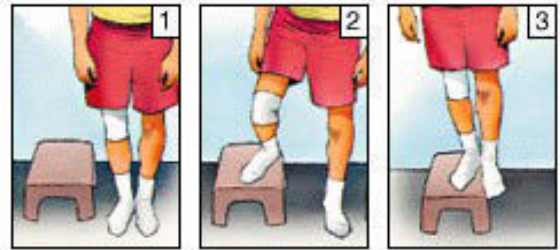
Advanced Exercise Program



Knee Bend, Partial, Single Leg - Stand supporting yourself with the back of a chair. Bend your uninvolved leg with your toe touching for balance as necessary. Slowly lower yourself, keeping your foot flat. Don't overdo this exercise. Straighten up to the starting position. Relax and repeat 10 times.



Step-ups, Forward, 10 Repetitions - Step forward up onto a 6-inch high stool, leading with your involved leg. Step down, returning to the starting position. Increase the height of the platform as strength increases. Repeat 10 times.



Step-ups, Lateral, 10 Repetitions - Step up onto a 6-inch high stool, leading with your involved leg. Step down, returning to the starting position. Increase the height of the platform as strength increases. Repeat 10 times.



Terminal Knee Extension, Sitting, 10 Repetitions - While sitting in a chair, support your involved heel on a stool. Now straighten your knee, hold 5 seconds and slowly return to the starting position. Repeat 10 times.



Hamstring Stretch, Supine, 10 Repetitions - Lie on your back. Bend your hip, grasping your thigh just above the knee. Slowly straighten your knee until you feel the tightness behind your knee. Hold for 5 seconds. Relax and repeat 10 times. Repeat with the other leg. If you do not feel this stretch, bend your hip a little more, and repeat. No bouncing! Maintain a steady, prolonged stretch for the maximum benefit.



Hamstring Stretch, Supine at Wall, 10 Repetitions - Lie next to a doorway, with one leg extended. Place your heel against the wall, and, with your knee bent, move your hips toward the wall. Now begin to straighten your knee. When you feel the tightness behind your knee, hold for 5 seconds. Relax and repeat 10 times. The closer you are to the wall, the more intense the stretch. Repeat with the other leg.

Exercise Bike - If you have access to an exercise bike, set the seat high so your foot can barely reach the pedal and complete a full revolution. Set the resistance to "light" and progress to "heavy." Start pedaling for 10 minutes a day. Increase the duration by one minute a day until you are pedaling 20 minutes a day.

Walking - An excellent physical exercise activity in the middle stages of your recovery from surgery (after 2 weeks).

Running should be avoided until 6-8 weeks because of the impact and shock forces transmitted to your knee. Both walking and running activities should be gradually phased into your exercise program.

