



Postoperative Instructions

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Your Surgery Included:

Arthroscopic

- Diagnostic
- Synovectomy / Plica Removal
- Meniscectomy
- Meniscal Cartilage Repair
- Chondroplasty
- Articular Cartilage Repair
 - Micro-fracture OAT
- Lateral Retinaculum Release
- Lysis of Adhesions, Contracture Release

- Ligament Reconstruction
 - ACL PCL
- _____

Open

- Articular Cartilage Repair
 - Micro-fracture OAT ACL
- Meniscal Cartilage Repair/Transplantation
- Tendon Repair
 - Patella Quadriceps
- Ligament Repair
 - ACL PCL MCL PLLC
- Patella Realignment
 - Lateral Retinaculum Release
 - Patella Femoral Ligament Repair
 - Tubercle Realignment, Osteotomy
- Tibia Osteotomy with Bone Graft
- Excision Cyst, Mass
- _____

Please call my office to schedule the first post-operative appointment.

Knee Brace:

You may have been sent home in a knee brace. Your brace has the following motion setting: _____ to _____ degrees of motion. Wear the brace for _____ weeks. If you are allowed to bear weight on the operative leg, lock the brace at 0 degrees when walking.

CPM Device:

You may have been discharged home with a Continuous Passive Motion (CPM) machine. This device helps relieve pain, improve motion, and heal cartilage. Use the machine for 2 weeks (Extension _____, Flexion _____.) Try to use it at night if you can tolerate it. Use the machine for 4-6 hours per day. Call the phone number on the device for the instructions on how to return the machine.

Weight Bearing:

You may have been sent home with crutches but unless otherwise instructed (see below), you may walk with ALL of your weight on the operated leg when you are able.

- Non-weight bearing for _____ weeks (you may put foot on the floor, but no weight)
- Partial weight bearing for _____ after _____ weeks (about 50% of your weight)
- Full weight bearing after _____ weeks (all of your weight)
- Full weight bearing now

Knee Motion and Strength Exercises:

You were sent home with motion/strength instructions:

You may begin the motion exercises _____ days after surgery.

You may begin the strengthening exercises _____ days after surgery.

Therapy:

Physical therapy usually begins within the first few days after surgery and is scheduled by our office pre-operatively.

Medications:

You were given one or more of the following medication prescriptions before leaving the hospital. Have the prescriptions filled at a pharmacy on your way home and follow the instructions on the bottles. If you need a refill on your medication, please call my office by early Friday morning to insure that you will have your medications over the weekend. If you think you might have an allergy to any provided medication, do not take the medication and call us for an alternate medication.

Narcotics (Hydrocodone, Oxycodone, Tramadol): Please do not wait until the pain is severe to take the pain medication. It is very important to stay ahead of your pain. For the first night after surgery, you may need to set an alarm and take the medication every 4 hours. Always take the pain medication with food. Narcotic pain medications can cause side effects, the most common of which are nausea and constipation. If this occurs, try taking Zofran or Phenergan to control the nausea. You might also need to temporarily use a stool softener to alleviate the constipation. Do not drive while taking narcotics.

Non-Steroidal Anti-inflammatory Drug - NSAID (EC Aspirin, Advil, Motrin): During the first two days, you may occasionally take a NSAID tablet in between doses of the narcotic medication if your pain is not controlled with the narcotic alone. Always take NSAIDs with food. DO NOT take NSAIDs if you have a stomach ulcer or if you have a history of problems taking NSAIDs.

Acetaminophen (Tylenol): The provided narcotic will typically contain Acetaminophen therefore do not take additional Acetaminophen to control your pain.

Anti-nausea Medication (Zofran, Phenergan): Zofran or Phenergan tablets work better to prevent vomiting than it does to stop vomiting. So stay ahead of your nausea and take the medication as soon as you begin to feel nauseated. Phenergan suppositories will work better to stop vomiting and can be called into your pharmacy if needed.

Antibiotic (Keflex, Clindamycin or Levaquin): Depending on the procedure, you may have been sent home with a three-day course of an antibiotic. Take as directed.

Antithrombotic (Lovenox or EC Aspirin): Sometimes your history or medical condition will call for the use of a medication to decrease your risk for blood clots. If so, you will be provided a prescription for Lovenox injections or Enteric Coated Aspirin 325mg tablets. Use as directed.

Spinal / Regional Anesthesia Injections: You may have been given a spinal or regional nerve block, either before or after surgery. This may cause your entire leg to feel numb for 12 – 36 hours.

Swelling:

Some degree of swelling of your leg, foot, and toes is normal. The swelling can be minimized by elevating your operative leg. Try to keep your leg elevated upon a few pillows consistently for the first week. The goal is for the leg to be above the level of your heart. Swelling can be further controlled by the use of ice or cold therapy. You may have been sent home with a cold wrap (ice man) for your knee. This wrap will relieve pain and control swelling. Use the wrap throughout the day for the first two days and then as needed. Refill the ice box with ice every 3 - 4 hours.

Activity:

Do Not do too much for the first few days! Too much activity in the first few days after surgery causes swelling in the knee. Swelling increases your pain and delays recovery of the muscle function. Nevertheless, it is a good idea to get up and stretch your legs frequently. After the first twenty-four hours, increase your activity level based on your symptoms, however remember that the longer you stay in bed, the longer it will take for you to feel better and get your strength back.

Diet:

During the first 2-4 hours after surgery, you may eat small amounts of food every 20-30 minutes but don't eat a large meal until you are sure that your stomach is emptying well. Drink plenty of fluids.

Dressing Change:

If your foot swells, loosen the dressing and elevate your foot. Remove the dressing on the third day. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising on the skin around your knee, leg, and ankle when you remove the dressing. If you are concerned by the drainage or the appearance of your leg, please call my office.

Showering:

Your incisions will be covered with gauze, padding, and an ACE bandage. It is important to keep surgical site as clean and dry as possible. You can remove this dressing on POD #3. The steri strips should be left in place and will be removed at your first visit. Do not soak the wound in water until 4 weeks after surgery. You can shower following the removal of the dressings on day 3. You should not put any soaps, lotions, or ointments on the incisions. You may allow water to run over the incisions which should be patted dry immediately after showering. Please be careful when getting into and out of the shower.

Driving:

You may drive when you are off narcotics, out of the brace, and fully able to respond in an emergency. It is probably not safe for you to drive following right knee surgery if you still have restricted motion or partial weight bearing.

Follow up:

You will be scheduled for a follow up appointment with myself or my physician assistant Melanie in 10-14 days. At that time we will review your surgical findings, post-operative program, and answer any of your questions.

In case of an emergency:

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.