



Home Discharge Instructions: Arthroscopic Knee Surgery

MEDICATION: You will have prescriptions for pain medications to take home with you. This will be submitted electronically to the pharmacy on file with UT Health – Austin.

1. Naproxen 500mg: This medication is for pain and to control inflammation. Take 1 tablet at breakfast and dinner – or twice a day with food.

2. Percocet (5mg/325mg): This is an OPIOID/NARCOTIC medication to treat severe pain. Take 1-2 tablets every 6-8 hours as necessary for severe pain. Opioids are effective at pain management but have multiple adverse side-effect which include nausea, vomiting, and constipation. You should take this medication with a full glass of water. This medication should be used only for excess pain despite taking the anti-inflammatory, and/or at night to help you sleep. You may discontinue this medication as soon as you would like.

Opioids have a peculiar drug interaction where it can make a person more sensitive to pain. This can ultimately lead to dependence on the medication or even addiction. For this reason, I encourage you to rely on this medication for severe pain as I will only prescribe enough medication for 10-days estimated at 8 tablets per day. At your first post-operative visit, I will begin to taper you off opioids and change this medication to a less potent drug. The goal is to have you off opioids/narcotics within 30-days of your procedure.

DRESSINGS: I prefer that you leave your dressings in place until your follow up appointment but, if absolutely necessary, you may change the dressing on your knee NO EARLIER THAN 7 DAYS AFTER SURGERY. Usually you will have 2 or 3 small incisions. Replacing the ace wrap over the knee will help limit swelling. The dressing may be wet and bloody, do not be alarmed, this is left over blood and arthroscopic fluid leaking out of your knee. If your wound is completely dry, without any drainage, you may leave the dressing off. If steri-strips were applied, leave them on until they come off on their own (about 7-10 days). Sutures will be removed at your first post-op visit, if necessary.

BATHING: You should keep your incision dry (no shower or bath) until 7 days after surgery at which time you may begin to shower only. Do not bathe, soak the knee, or use hot tubs. After your wound has been checked at your first post-op appointment, you will be told when you may begin bathing/soaking.

ICE: Use it as often as you can for the next 7 to 10 days. Ice bags/packs/bladder should be used for 20 to 30 min every 3 to 4 hrs during waking hours (minimum of 8 hrs/day). Be sure to protect your skin from frostbite with a washcloth, towel, or ace wrap between the ice bag/pack and your skin.

ELEVATION: Keep your leg elevated whenever possible. The primary goal during the first week post-op is to minimize swelling in your knee, therefore it is beneficial to minimize ambulation (walking) for the first week. When sitting or laying down, try to have your knee elevated higher than the level of your heart. Place pillows or rolled sheets underneath your lower leg or heel, NEVER UNDERNEATH YOUR KNEE. Placing pillows directly under your knee may be more comfortable, but this will cause your knee to remain in a flexed (bent) position, and it will become increasingly difficult to extend (straighten) your knee.

BRACE: You may be provided with a knee immobilizer or a hinged knee brace. If so, it usually this means that there was more extensive damage to the cartilage in your knee and another procedure was performed to address this. You should wear this brace at all times when ambulating (walking) to protect your knee cartilage from more damage while it is healing. Typically, you will need to wear the brace for 6-12 weeks after surgery. You may remove your brace while you are sleeping, working with the physical therapist or performing your home physical therapy exercises.

***IMPORTANT*:** If you have signs of an infection, such as a temperature over 101.5 degrees, persistent wound drainage, redness, swelling, or increased pain, you should contact us immediately at 1-833-882-2737.



CRUTCHES: If you were not issued a knee brace, you may discontinue your crutches as soon you become comfortable. In this case, you are not required to restrict weight-bearing on your operative leg (skip to the next section on Motion Exercises).

If you were issued a knee brace, you should use your crutches at all times when ambulating in order to restrict weight-bearing on the operative leg. While walking with the knee brace, you may allow your toes to touch the ground for balance, but the majority of your weight should be placed on the leg that was not just operated on. Doing this is often difficult, and the crutches are to help prevent you from falling and injuring yourself. It will be necessary to use crutches and restrict weight-bearing on the operated leg for the first 6-8 weeks after surgery.

MOTION EXERCISES: You should perform knee range of motion (ROM) exercises several times a day. The physical therapist you meet prior to discharge will provide you with crutches and an instruction sheet for these exercises. Further activity restrictions will be guided by your specific PT protocol, which your therapist will also discuss with you. You should consider icing your knee after doing your exercises.

PHYSICAL THERAPY: You will need to set up an appointment with physical therapy (PT) as soon as possible following surgery. Please inform your therapist that rehabilitation/physical therapy protocols and my contact information for any questions can be found at: <http://orthodoc.aaos.org/AJJohnsonMD/forms.cfm>

FOLLOW-UP: You should have a post-operative follow-up appointment 2 weeks after surgery.

DRIVING: Do not drive until you have been re-evaluated at your first post-op visit. You will be told when you can begin driving based on your strength and ROM. If you are required to restrict weight-bearing on your operative leg, you will not be medically cleared to drive for at least 6 weeks after surgery.

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