

PATIENT INSTRUCTIONS FOLLOWING KNEE ARTHROSCOPY

1. Keep the bandages intact, clean and dry for three days following the surgery. When showering cover the bandages with saran wrap. If the bandage feels tight or if there is ankle swelling, loosen the bandage, elevate the leg and exercise by moving your foot up and down at the ankle joint.
2. In most cases there are no sutures to remove; the skin tapes, which hold the wound edges together, should be left in place until the follow up visit in my office. If the tapes loosen or fall off apply a Band-Aid in their place.
3. If you get some bleeding through the dressing apply direct pressure to the area for fifteen minutes and keep the leg is elevated. If necessary you can re-apply the dressing, using sterile gauze and tensor from the pharmacy
4. You will be given a prescription for the pain reliever (usually Tylenol #3 or Tramacet). However, many patients are well controlled with Tylenol or Ibuprofen alone. Take one or two tablets every three to four hours, as needed (up to 4 grams per day of Tylenol, unless you have liver problems). For the first 24 hours take the medication regularly, to get an appropriate blood level. If the “over the counter” medication, regular icing and elevation do not control the pain then you can substitute the Tramacet or Tylenol #3 for the doses of Tylenol. As the pain settles, try to taper the prescription medication off or, preferably replace with Tylenol or Extra Strength Tylenol. It is important to check the medication you have been prescribed and inform the office if it is a drug that you are sensitive, or allergic, to.
5. Do not be surprised if there is some swelling or discomfort around the joint for several days following surgery. Try to keep your leg elevated during this time. Intermittent application of ice 20 minutes at a time, every few hours can help swelling. The use of an ice compression device (DonJoy Clearman, Cryocuff, Breg Kodiak, etc.) is also beneficial.
6. A sensation of “splashing” or fluid movement in the knee is common and gradually disappears.
7. You may walk on your leg, unless specifically instructed not to. Keep the knee moving (full straightening and bending as tolerated) so it does not get stiff. You may need to use crutches or a cane for a couple of days. **Unless otherwise directed** it is safe to take full weight on the leg.
8. You can increase your activities as tolerated. However, if you overdo it, the knee may swell, feel stiff and become more painful. This will not do damage but will set you back a few days. Use common sense in progressing your activities. We will discuss return to higher-level activities, like sports when you return to the office. Before driving make sure you are safe (walking comfortably, off strong pain killers and able to react quickly in an emergency)

9. Arrange follow-up appointment by calling the office (604.526.7885). This appointment should be 5 to 14 days following surgery. We will review the findings at surgery and outline how to progress your activities and optimize your recovery.
10. If any of the following arise seek medical attention (preferably through my office or the Royal Columbian Hospital emergency):
 - a. Persistently elevated temperature and/or fever or chills.
 - b. Persistent wound drainage or increasing redness around the knee
 - c. Increasing pain and /or numbness in the leg
 - d. Sudden increase in swelling of the calf or thigh
 - e. Chest pain or shortness of breath