



PATIENT NAME:

DOB:

PHARMACY:

### POSTOPERATIVE INSTRUCTIONS

## PROCEDURE: KNEE ARTHROSCOPY, POSSIBLE PARTIAL MENISCECTOMY, POSSIBLE DEBRIDEMENT

NEXT APPOINTMENT:

LOCATION:

### PAIN MEDICATION

You will be given a prescription for pain medication after surgery. This should be filled and ready for use when you return home from surgery. You **SHOULD NOT** drive, operate heavy machinery, or participate in activities that require concentration while taking narcotic pain medications such as Percocet, Oxycodone, Norco, Vicodin, or Tylenol with Codeine. You **SHOULD** take an over-the-counter stool softener while taking narcotic pain medications to prevent constipation.

### DRESSING

You may remove your dressings and apply Band-Aids to the incision(s) **3 DAYS AFTER SURGERY**. For example, if your surgery was on a Thursday, **DO NOT** remove the dressing until Sunday. At that time, you may take a shower, but **DO NOT** soak the incision(s) in a tub, pool, or body of water for **4 WEEKS** after surgery. Change the Band-Aids **AFTER EACH SHOWER**.

### WEIGHTBEARING STATUS

You will be **WEIGHTBEARING AS TOLERATED** on the operative leg after surgery, unless otherwise specified. You may use crutches or a walker for assistance as needed. **DO NOT** engage in prolonged periods of standing or walking over then first 7-10 days following surgery. Elevate the operative leg to chest level whenever possible to decrease swelling.

### DVT (BLOOD CLOT) PREVENTION

- >> Beginning the day of surgery, take one **ASPIRIN 81MG** tablet, twice per day for 4 weeks unless not allowed for other medical reasons. **Clear this with your family doctor before starting the aspirin.**
- >> Perform ankle range of motion exercises (ankle pumps) on the uninjured leg to exercise the calf muscles. Do ten reps every hour minimum while awake.
- >> **You should not do any flying for 2 weeks after surgery**

### COLD THERAPY MACHINE

If provided, begin using your cold therapy machine after surgery. We recommend use at least 3 times per day, following the manufacturers instructions for setup and utilization of water and ice, for **NO LONGER THAN 45 MINUTES** per treatment. **ALWAYS** make sure to apply a barrier between the cooling pad and your skin. If you have not been provided with a cold therapy machine, apply ice to the surgical area in a waterproof bag for **NO LONGER THAN 30 MINUTES** per treatment.

### HOME EXERCISE PROGRAM

You have been provided a home exercise program [*see attached*], which you **SHOULD** complete at least **2 TIMES PER DAY**. If you are also attending physical therapy, you should complete your home exercises once more that same day. Initially, you may require assistance to perform the exercises, but you should soon be able to perform these exercises on your own.

### PAIN MEDICATION REFILL PROTOCOL

You **MUST** give your physician **48 HOURS** notice for any medication refill. Many medications require your surgeon to send the medication electronically and cannot be called into the pharmacy. Prescriptions **WILL NOT** be filled over the weekend. A prescription for the same medication you have been taking after surgery **IS NOT GUARANTEED**.

### WHEN TO CALL YOUR SURGEON

Complications after surgery are fortunately very rare. Please contact our office if you have any of the following symptoms:

- >> Persistent fever >101°F, chills
- >> Increasing pain at the surgical site
- >> Increased swelling/pain in the calf
- >> New onset numbness or tingling
- >> Hives or new rashes
- >> Shortness of breath or chest pain
- >> Persistent nausea/vomiting
- >> Drainage from your incision lasting >5 days