



# ORTHOPAEDIC ASSOCIATES

OF MICHIGAN

## DISCHARGE INSTRUCTIONS FOLLOWING General Arthroscopic Knee Surgery by Dr. Matelic

### NORMAL SYMPTOMS:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity
- Mild drainage from incisions
- Mild bruising or discoloration

### YOU SHOULD:

- Continue current dosage and wean from narcotics
- Elevate, rest and ice your surgical extremity
- Perform your home exercises as prescribed
- Reinforce dressing with gauze
- Observe for worsening symptoms

### IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:

- Significant drainage from your incision
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain and/or swelling
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your surgical extremity

### IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:

- Chest pain
- Shortness of breath at rest
- Confusion

### PAIN CONTROL

- Several methods may be used to help manage your pain:
  1. **Cold Therapy.** Ice packs should be applied to your knee for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Use a dry, clean towel between the skin and ice and only keep the ice on the knee until the skin becomes numb.
  2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
    - **NSAIDS** (Non-Steroidal Anti-Inflammatory Drugs) such as Aspirin, Aleve or Ibuprofen. These medications reduce pain and swelling. They relieve mild to moderate pain. They can be used in addition to Narcotics. They may or may not be prescribed for you. Do not take if you are on blood thinners or have a stomach ulcer history.
    - **Narcotics** such as Norco, Vicodin or Hydrocodone. These medications are used to reduce your pain **and must not be taken any more often than prescribed.** In an effort to keep your pain under good control, you should take the pain medication routinely as

prescribed during the first 24-48 hours following surgery. As the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol or an NSAID for pain control.

- **Nausea** – Pain medication should be taken with food as this will help to prevent any stomach upset or nausea which is common.
- **Do not drink alcoholic beverages while taking pain medications.**
- **Do not drive while taking pain medication.**
- Requests for pain medication should be made during normal office hours. Please Note: **Pain medication will only be ordered during regular office hours** and cannot be called in to a pharmacy.
- The goal is to have you off narcotics by your postop appointment or sooner if possible.
- You may resume your routine medications unless otherwise instructed.

**3. Local Anesthetic.** A long acting local anesthetic is commonly injected into your knee during the surgery. This often gives added pain relief and will last only a few hours.

- **Constipation** – Is common with narcotics pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Pericolace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

### **BLOOD CLOT (DVT) PREVENTION**

- Aspirin 81 mg twice a day for two weeks to help prevent blood clots (DVT). **Do not take** Aspirin if you are on blood thinners, i.e. Coumadin, Eliquis, Xarelto, Pradaxa, have an allergy to Aspirin, or have a history of stomach ulcers.
- Quadriceps Isometric exercises and ankle pumps should be done for a few minutes three times an hour throughout the day when you are awake.
- If you have been given a pair of compression devices for your legs, wear these when you are resting until you return to normal activities.

### **WOUND CARE**

- **Bleeding** during the first 24 hours following surgery is normal. If bloody drainage is noted through the ace wrap, do not remove the existing dressing, but apply a fresh layer of dressing and a new ace wrap (elastic bandage) over top. Apply direct pressure over the area where the drainage is noted. Lie down, elevate your leg, and apply ice. If the drainage continues throughout the night, call the office for further instructions.
- **Dressing** – You may remove the ace wrap and dressings approximately 48 hours after your surgery unless your physician instructs you otherwise. Your incisions are usually closed with Steri-strips. ***These should be left on until your follow up appointment.*** If they fall off, just cover with a band-aid. A little drainage is common, but should stop within a day or two.
- **Compression Wrap** – Will be removed with your dressing. This aids in circulation and to keep swelling down. Re-apply it with your leg elevated on the bed or couch if your swelling requires. Begin at your ankle and wrap past your knee. Apply it snugly, but not too tight. If your ace wrap is too tight, your toes will swell and become discolored. If this happens, loosen the ace wrap.
- **Shower** – You may shower after the dressings are removed. Soap and water may run over your incisions in the shower. Do not scrub the incisions. Do not soak the incision. Gently pat your incisions dry after your shower.
- **Bathing** – No tub baths, hot tubs, or swimming in a pool or lake until your incision sites are completely healed (at least two weeks). Do not submerge or soak your knee under water.
- Swelling and **discoloration/bruising** of the knee are expected. This will gradually resolve.

### PHYSICAL ACTIVITY

- **Weight bearing/Crutches** – You may put as much weight on your leg as feels comfortable, **unless instructed otherwise by your physician**. Crutches, if required, may be used for 1-2 days after surgery as necessary.
- **Elevation** – Keep your leg elevated on one to two pillows (above the level of your heart) as much as possible for the first 24-48 hours following surgery. After the first few days and you begin increasing your activity, plan several rest periods throughout the day and elevate your leg above the level of your heart. This will help to relieve the swelling and pain.
- **Exercises** – Until you resume more normal activity, work on quadriceps isometric exercises and ankle pumps a few minutes three times an hour throughout the day when you are awake.
- Avoid strenuous activity involving your knee until you are seen by the doctor or PA.
- **Driving** – May be performed at least 24 hours after surgery as long as you are not taking Narcotics, can bend your knee to 90 degrees, and you are able to forcefully and safely operate the brake pedal.
- **School** – Students usually return to school within a few days after surgery.
- **Work** – Light sedentary jobs can often be resumed in a few days. Return to heavy or strenuous occupations may take up to four weeks. You will need to discuss returning to work with your doctor.

### FOLLOW UP APPOINTMENT

- You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, details of your surgery, and expectations will be reviewed. **Call the office today if you do not already have an appointment.**
- OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. (616) 459-7101.

### QUESTIONS?

- If you have any questions that have not been answered, please call Dr. Matelic's staff at **(616) 459-7101**.

