Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
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Manoj P. Reddy, MD
Sports Medicine & Shoulder Surgery
Orthopedic Associates of Dallas
469.800.7200 office | 469.800.7210 fax
DallasOrtho.com | ReddyOrtho.com

Knee Arthroscopy

POSTOPERATIVE INSTRUCTIONS

Patient _____ **Surgery date** _____ **Side** ☐ Right ☐ Left

MEDICATION

Pain medication

Narcotic/opioid medications (oxycodone, hydrocodone) are habit-forming. If needed, you will receive a one-time prescription sized for your surgery. Most patients need them for only 2–3 days; taking them longer than 6 days significantly increases the risk of dependence. **Do not drive, drink alcohol, or make important decisions while taking them.**

Take 1–2 tablets every 4–6 hours as needed for pain.

☐ Oxycodone ☐ Percocet (oxycodone/acetaminophen) ☐ Norco (hydrocodone/acetaminophen)

☐ Other _____

Tylenol (acetaminophen)

☐ You may add Tylenol 325 mg, 2 tablets every 4–6 hours. Do not exceed 3,000 mg in 24 hours *from all sources*.

☐ Do NOT take extra Tylenol — your prescribed pain medication already contains acetaminophen.

Anti-inflammatories (NSAIDs: ibuprofen/Advil/Motrin, naproxen/Aleve, meloxicam/Mobic)

NSAIDs can slow tendon and bone healing and increase bleeding risk; they are approved only for specific patients.

☐ NSAIDs approved ☐ NSAIDs **NOT** approved

Blood clot prevention

☐ **Aspirin 81 mg once daily** for 4 weeks

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☐ Lovenox _____

☐ Continue your home blood thinner

☐ No blood clot medication needed for your procedure

Nausea & constipation

You have prescriptions for **Zofran** (nausea — fill only if you have severe nausea) and **Colace** (stool softener while taking narcotics). Walking, fluids, fiber, and prune juice also help; MiraLAX is OK if no bowel movement in 2–3 days.

Other: _____

ACTIVITY

Ice / cold therapy

☐ **Cooling unit:** use in 4-hour intervals with 30-minute breaks for the first 1–2 weeks, then as needed. Keep a layer between the pad and your skin. **Do NOT** leave on overnight.

☐ **Ice packs:** 20 minutes on / 20 minutes off as needed for the first 2 weeks. Ice works through thick bandages even if you can't feel the cold.

Do NOT use heat on the knee.

Nerve block: If you had a nerve block, your leg may be numb or weak for up to 24 hours. Use your crutches/walker and brace, have someone with you when you first get up, and start your pain medication before the block wears off.

- Minimize activity the day of surgery. Elevate the leg with pillows **under your heel** (not behind the knee) above heart level for the first several days.
- Pump your ankles up and down 20 times every hour you are awake — this helps prevent blood clots.
- **Quad sets:** tighten your thigh muscle, pushing the back of the knee down, hold 5 seconds. 10 reps, 3–4 times a day.
- **Straight leg raises** (unless told otherwise): tighten the thigh, lift the heel about 12 inches, hold 2 seconds. 10 reps, 3 times a day.
- **Driving:** not while taking narcotics. Right knee: when you can walk without crutches and brake quickly.
- **Work/school:** desk work in about 3–7 days as comfortable; physical jobs will be discussed at your visit.

WEIGHT BEARING, CRUTCHES & BRACE

☐ Full weight bearing as tolerated ☐ Partial weight bearing _____ % ☐ Touch-down weight bearing

☐ Non-weight bearing

☐ Use crutches as needed for 24–72 hours, then discontinue when walking without a limp.

☐ Use crutches until seen in the office.

☐ No brace — you may bend and straighten the knee as tolerated ☐ Brace: settings below

Brace: ☐ locked in full extension (0°) for walking Range: extension _____° flexion _____°

SHOWERING & DRESSING CARE

Showering

- You may shower **2 days after surgery**, protecting the incisions with a plastic bag or waterproof cover. Keep your back to the shower stream.
- If the incisions get wet, that is OK — pat them dry thoroughly. Do not scrub them.
- **No baths, pools, or hot tubs** for 3 weeks, and until the incisions are fully healed.

Dressing

- Keep the Ace wrap and gauze on for **3 days**. Some bloody drainage on the bandage is normal.
- After 3 days, remove the gauze. **Leave the steri-strips (white tape)** in place; cover with Band-Aids or light gauze. Rewrap the Ace for swelling and comfort.
- No lotions, ointments, or creams on the incisions.

ARTHROSCOPIC FINDINGS

☐ Torn meniscus (cartilage): ☐ medial (inside) ☐ lateral (outside)

☐ Torn ligament: ☐ ACL ☐ PCL ☐ Other _____

☐ Articular cartilage injury (joint surface)

☐ Joint lining inflammation (synovitis) ☐ Loose body or bodies

☐ Other: _____

Please bring any arthroscopic photos to your first post-op visit to review.

PROCEDURES PERFORMED

☐ Partial meniscectomy (trimming torn cartilage)

☐ Meniscus repair — **see meniscus repair instructions**

☐ Chondroplasty (smoothing the joint surface)

☐ Microfracture / cartilage restoration

☐ Synovectomy (removing inflamed lining)

☐ Removal of loose body

☐ Lateral release

☐ Other: _____

DIET

- Eat lightly the day of surgery, then advance to your regular diet. Drink plenty of non-alcoholic, caffeine-free fluids.

- A well-balanced, protein-rich diet supports healing. Avoid new supplements in the early recovery period unless cleared by your surgeon.
- If you have diabetes, check your blood sugar more often — surgery and steroids given during anesthesia can raise it.

PHYSICAL THERAPY

☐ You have been given a physical therapy prescription and protocol (in your post-op packet). Call a convenient location to schedule — therapy should begin within **7–10 days**. Bring the prescription and protocol to your first visit.

☐ You will NOT start therapy before your first post-op visit. You will receive PT instructions at that visit.

FOLLOW-UP

Your first post-operative appointment: **Date** _____ **Time** _____ **Location** _____

- To change your post-operative visit, call **469.800.7200**.
- Pain medication refills: call Monday–Friday, 8:30 am–3:00 pm. Allow 24–48 hours. Narcotic refills are not available after hours or on weekends.

WHEN TO CALL US — 469.800.7200, DAY OR NIGHT

- Fever over 101.5°F, or chills
- Redness spreading from the incision, red streaks, foul odor, or drainage that keeps increasing after day 3
- Calf pain, tenderness, or swelling
- Pain or swelling not relieved by your medication, ice, and elevation
- Foot or toes that is cold, pale, or blue, or numbness/weakness that is worsening (mild numbness around the incisions is expected)
- Bleeding that soaks through the dressing

If you cannot reach the on-call surgeon promptly and you are concerned, go to the nearest Emergency Room.

CALL 911 IMMEDIATELY FOR CHEST PAIN OR SHORTNESS OF BREATH.

SPECIFIC INSTRUCTIONS

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Please read these instructions carefully before calling the office — most common questions are answered here. Thank you!