

POST-OPERATIVE INSTRUCTIONS
KNEE ARTHROSCOPY
Arthroscopic Femoral Condyle Microfracture
Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- Take one regular aspirin (325 mg) once a day for 14 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- If prescribed Lovenox or Xarelto for prevention of blood clots, begin the day AFTER surgery and finish all injections or pills.
- **Resume all home medications unless otherwise instructed.**

WOUND CARE and DRESSINGS

- You may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 2 weeks after surgery.**
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **If you experience severe calf pain or swelling, call immediately (contact info).**

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

CRUTCHES

- Non weight bearing (NWB) on involved leg until instructed by Dr. O'Brien
- Typically, you will be NWB for 4-6 weeks

CPM

- The motion machine should be used **without** your brace (if given) for 6-8 hours a day as tolerated for 6 weeks to help with healing.
- Start at 0-30 degrees and increase as tolerated unless instructed otherwise.
- DO NOT sleep in the machine

DRIVING

- No driving until full weight bearing as tolerated and off all narcotics.
- You should practice first in an empty parking lot.

EXERCISES

- Your first physical therapy session should occur within the 2-4 days after surgery
 - It is a good idea to schedule this before surgery to avoid wait lists
 - Physical therapy is crucial to recovery, and much of the work is **homework!**
- To help gain full knee extension, place a small rolled up towel under your ankle and push back of knee to touch the floor by contracting your quadriceps muscle.
- DO NOT put pillows under the knee while you sleep.
- Elevate your leg for several days to help with swelling.

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.



CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

REHABILITATION PROTOCOL

Rehabilitation after this procedure will progress relatively slowly to allow adequate time to fill in cartilage defect. Rehab is divided into phases. Progression to the next phase may vary on size and location of defect and is based on clinical criteria and meeting the established goals for each phase.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I 0-6 weeks	NWB vs. TTWB with crutches	If given, locked in extension unless with PT	- CPM 6-8 hours/day - Begin at 1 cycle/min - - Begin at comfortable level and advance 10° a day to full flexion as tolerated	Passive stretching Quad and hamstring isometrics SLR, SAQ Bike without resistance at week 2
Phase II 6-16 weeks	Progress to WBAT	None	Full ROM CPM discontinued at 8 weeks	Progressive active strengthening Bicycling No impact activities
Phase III >16 weeks	WBAT	None	Full	4 mos: Jog (if no pain/swelling) 5 mos: plyometrics 5-6 mos: Agility, cutting, jumping 6 mos: sport specific exercises and functional progression 7-9 mos: gradual return to impact

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