

DR. WALLER – KNEE ARTHROSCOPY

POSTOPERATIVE INSTRUCTIONS

Diet:

- 1) Begin with liquids and light food (Jell-O, soup, etc). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow to respond after anesthesia, especially while using narcotic pain medication. The use of a mild over the counter laxative may be beneficial.

Medications:

- 1) Take your pain medication as needed, though not more than every (4) four hours. Do not wait until you are in a lot of pain before taking the medication. It takes the medication 30-45 minutes to take effect.
- 2) Take 1 regular strength aspirin (325mg) twice per day for 2 weeks following surgery. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of the calf and ankle, please call the office.
- 3) Strong oral narcotic pain medication has been prescribed for the first couple of weeks following surgery. Use the medication only as directed. Do not combine with alcoholic beverages. Do not drive, operate machinery, or make important legal decisions while taking narcotics.
- 4) Do not take Tylenol or Acetaminophen in combination with pain medications as many pain medications already include these same substances.
- 5) You may take anti-inflammatory medication (Motrin, Naprosyn, Ibuprofen, Celebrex, Aspirin, etc) at the same time as your pain medication.
- 6) It is not uncommon to have some stomach upset with use of narcotic medication. For this reason, take your medication with food. If your symptoms are severe, or the medication does not seem to be working, please call the office.

Wound Care/Dressings:

- 1) Keep your wound and dressings clean and dry at all times.
- 2) Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. Call the office if the dressings become saturated. Please do not remove your dressings unless instructed to do so. Your dressings will be removed at your first post-operative follow-up appointment.
- 3) Showering will usually be allowed only after the dressings have been removed at your first post-operative follow up visit. Sponge baths are recommended until you are allowed to shower.
- 4) Do not put ointment or creams on your incision and try not to touch the incisions until cleared by Dr. Waller.

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Sean Muldoon, PA-C. General Orthopaedics & Sports Medicine

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POSTOPERATIVE INSTRUCTIONS

(continued)

Activities:

- 1) Bear only partial weight (50%) on the operative leg until cleared by Dr. Waller (typically at first post-op appointment). Use crutches to help with walking.
- 2) Keep the operative knee elevated above the heart as much as possible. This will usually require 4-5 pillows. Just propping the knee and leg up on a recliner or on the couch is not enough.
- 3) If you have an ice machine or a Dura-Kold ice cuff, use it as much as possible until your first post-op appointment. There should be a cloth barrier between the ice packs and your skin at all times.
- 4) Do not drive until approved by Dr. Waller. Do not drive if you are taking narcotics or muscle relaxants as they can make you drowsy and slow your reaction time.
- 5) Return to work depends on your type of employment and will be discussed at your follow up appointments.

Physical Therapy:

- 1) Dr. Waller will typically order physical therapy for rehabilitation following your surgery. The therapy will either be arranged before you undergo surgery or otherwise ordered at your first post-operative appointment.

Follow-up Care:

- 1) You will typically be seen for your first follow up appointment about 1 week following your surgery. If this follow up visit has not been arranged by the time you undergo surgery, contact the office the day following your surgery to make arrangements for this appointment.
- 2) You will be seen by Sean Muldoon, PA-C, the practices Physician Assistant for your second follow up visit generally 2 weeks after your surgery for suture or staple removal.

Contact the office at 203-734-7900 should you experience any of the following:

- 1) Difficulty breathing.
- 2) Change of color or temperature in the operative leg.
- 3) Progressive numbness in the operative leg.
- 4) Pain in the operative leg, progressively worsening despite proper use of medication.
- 5) Fever greater than 101.5 degrees.
- 6) Excessive nausea/vomiting from use of pain medication.
- 7) Continuous draining or bleeding from the dressing.

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