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(713) 799-2300

## **Knee Cartilage Repair Surgery Post-Operative Instruction Checklist**

**FOLLOW-UP APPOINTMENT:** \_\_\_\_\_

### **Dressing**

Your dressing should remain intact and dry until re-evaluation in the office after surgery. If your dressing becomes soiled or damp, you may remove the ace bandage and replace the dressing. Please do not remove steri-strips that are covering the incision (small pieces of tape). Removing this tape may cause your incision to separate. Please be certain to wash hands thoroughly prior to changing dressing, do not place any ointments over incisions.

### **Bathing**

Please do not get incisions wet. Please cover dressing or incisions while bathing.

### **Driving**

Please do not drive until you are evaluated in the office after surgery. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur. As a general rule, you should not drive while you are taking the narcotic pain medication.

### **Crutches/Elevation of Leg**

**Please do not put any weight on your operative leg until your first physical therapy visit or first follow-up visit in the office.** When sitting or lying down, please keep your operative leg elevated, do not place anything directly under your knee, this may cause a slight bend in your knee and can lead to difficulty regaining full extension in your knee.

### **CPM (Continuous passive motion) Machine**

You should start using the CPM machine as soon as possible, preferably 6 hours a day. Remove the brace when using the CPM. It is recommended that you sleep in the machine. If this is not possible than it should be used for 2 hours at a time and for at least 3 times a day.

The machine should be set to 0 extension and 60 degrees of flexion. You may advance 5 to 10 degrees each week until reaching 90 degrees of flexion. Continue CPM use until 6 weeks post-op.

### **Cold Therapy/Ice**

Continuous icing will help to decrease swelling and provide pain relief. We recommend using an ice pack for 20 minutes three times daily. It is very important to always have protection between the ice pad and your skin. Never place the ice pad directly on your skin; this could lead to an injury to your skin. Remove the ice pad twice daily from your dressing to wipe off any condensation. If the ice causes increased pain, skin rash or irritation, discontinue its use and call the office.



### **Brace**

Your post-operative knee brace will be worn almost all the time for the first 6 weeks after surgery. It should be worn when sleeping as well for the first 2 weeks. You may remove the brace for exercises or with physical therapy. After the first two weeks, the brace can be unlocked (and set to 0-90). See the rehabilitation protocol for further instructions.

### **Physical Therapy**

Please begin with therapy at a facility of your choice as soon as possible following surgery, preferably before your follow up visit. If for some reason you are unable to get into physical therapy right away, we ask that you do the following exercises at home:

**Ankle pumps**-pump your ankle back and forth as if you were stepping on a gas pedal. Please do this exercise 10 times an hour while awake.

**Prone Hangs**-lie on your stomach with your brace off, extend your knees off the edge of the bed, you will feel a stretch across the back of your knee. This will help to regain your full extension in your knee. Do this exercise 2-3 times a day for approximately 10 minutes.

**Quad sets**-With your brace on, tighten your thigh muscles, press your thigh into your bed and attempt to lift your leg off the bed with your leg extended. Initially after surgery this will be difficult due to the weakness of your quadriceps muscles.

**Deep breathe and cough** to help prevent a respiratory infection. Take 10 deep breaths every hour followed by a cough.

*Additional instructions and home exercises are on the next page*

### **POST-OPERATIVE MEDICATIONS - PRESCRIPTIONS GIVEN**

#### **1. ASPIRIN ENTERIC COATED 1 TABLET DAILY**

Take 1 Enteric Coated Aspirin daily for 4 weeks to help reduce the risk of a blood clot from forming after the surgery. *This will be called in to your pharmacy.*

#### **2. NAPROSYN 1 TABLET EVERY 12 HOUR WITH FOOD (Anti-Inflammatory)**

The Aspirin & Naprosyn should not be taken at the same time. They both should be taken with food. It is suggested that one be taken with breakfast & dinner, and the other at lunch and with a snack before going to bed. *This will be called in to your pharmacy.*

#### **3. NORCO 1 – 2 TABLETS EVERY 4 – 6 HOURS AS NEEDED FOR PAIN**

Do not exceed more than 4000mg of Acetaminophen per 24 hours.

*A written prescription will be provided on the day of surgery.*

### **Pain Medication** (Norco, Vicodin, Tylenol #3, etc.)

Take after food. Notify office if nausea, vomiting, headaches, rash occur. Other side effects include; drowsiness, dizziness and constipation. **Do not take TYLENOL** or other acetaminophen products while taking Vicodin or Tylenol #3, both of these medications contain acetaminophen.

### **Signs and Symptoms of Complications**

Although complications are rare the following are a list of symptoms you should be aware of.

Infection – increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.

Blood Clot – swelling, tenderness, or pain to calf when you move your ankle up and down, shortness of breath and chest pain.

If any of the above symptoms occur, please contact our office immediately.

For further questions, or if any problems develop, please call our office at (713) 794-3457.

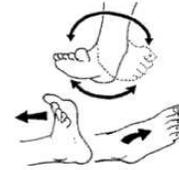
During after hours and weekends, you can reach the on-call physician at (713) 799-2300.



## Post-operative knee exercises

Please perform the following exercises 2-3 times a day until you start physical therapy.

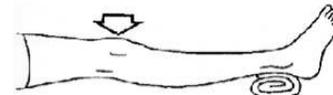
1. Ankle pumps: With your leg straight, bend your ankle up (toes pointing straight up) and down (toes pointing straight out ahead of you). Do 10 repetitions. Also, spell out the alphabet (A, B, C, D, etc) forward and backward using your big toe as the pen or pencil.



2. Straight leg raises: With your leg straight, lift up your leg off the bed about 2 feet (24 inches), then slowly bring the straight leg back down to the bed. You should use your front thigh muscles (quad muscles) to raise the leg.



3. Quad sets: With your leg straight out and your foot and ankle resting on a rolled towel, tighten the front of your thigh (quad muscles) and try to push the back of your knee flat down towards the bed. Hold the leg in this position for 10 seconds, then relax.



4. Gluteal squeezes: While laying flat on your back, squeeze your butt muscles (gluteals) together and hold together for 10 seconds, then relax.



5. Heel slides: While laying flat on your back and your leg straight, begin to slide your heel backward towards your butt. Stop sliding towards your butt once you reach you reach approximately 90 degrees or once your knee becomes a little uncomfortable and you feel pressure inside your knee. Hold your leg in this position for 10 seconds. Then slowly let your heel slide back to a straight leg position.



6. Patellar mobilizations: With your leg straight out, use both hands to move your kneecap in four different directions. First, push the kneecap left and hold it for 10 seconds. Next, push the kneecap right and hold it for 10 seconds. Then, push the kneecap towards your toes and hold it for 10 seconds. Finally, pull the knee up towards your hip and hold it for 10 seconds. The total distance moved for each direction should be one inch or less.



7. Prone hangs: While laying flat on your stomach and your legs hanging off the edge of the bed, position the leg so that the kneecap is comfortably just off the edge of the bed. Simply relax your body and your legs so that your knee straightens out and stretches the back of your knee. Hold in this position for 5 minutes or as long as tolerated if less than 5 minutes.

