

Knee Arthroscopy Instructions

1. After arthroscopy the wound is covered with gauze or ace wraps. These should generally be left in place for 48 hours. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor. The dressing should be removed and wounds covered with Band-Aids on the second or third day after surgery. Do not remove the paper strips or cut any of the visible suture. Reapply the ace wrap for 5-7 days to control swelling. Wounds should be kept dry for 48 hours. Unless otherwise instructed, after the post-op day 4, the wound may be exposed in the shower without scrubbing the area. The wound should not be submerged in a bathtub or pool until three weeks after the surgery.
2. Icing is very important for the first 5-7 days postoperative. While the post-op dressing is in place, icing should be continuous. Once the dressing is removed on the first or second day, ice is applied for 20 minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin.
3. Full weight bearing is advised unless otherwise instructed at the time of surgery. Crutches or a cane may be necessary to assist walking. These aids are used to help with balance but not to remove weight off the leg. Leg elevation for the first 72 hours is also encouraged to minimize swelling. Range of motion, straight leg raises, and ankle pumps are encouraged for the first 7 days after surgery and are to be started the evening of surgery. While exercise is important, don't over do it. Common sense is the rule.
4. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea occurs, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows sign of dehydration (lack of urination) please call the doctor or the surgery center. A low-grade fever (100.5) is not uncommon in the first 24 hours but unusual beyond. Please call the doctor with any temperature over 101.0 degrees. If a spinal anesthetic was used, patients may suffer a spinal headache. Please call the surgery center should this occur and it does not resolve with ibuprofen or your pain medication.
5. You may take a baby aspirin (81 mg) or alternatively a regular aspirin tablet (325mg) daily until you are back to your normal level of activities. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please notify the doctor.
6. You may drive the day following surgery as long as narcotic pain relievers are not being used and you feel safe using the controls. Common sense dictates safe return to driving.
7. You can return to school or work anywhere from 2 days to 2 weeks. If your job involves more extended walking or heavy activity, you may be out of work or school for a longer period.
8. Your rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining motion; 3) regaining strength; and 4) return to sports or work activity. After partial meniscectomy, the rehabilitation generally occurs very rapidly. Most patients can return to strenuous work in four to six weeks. However, your complete recovery may take 2-3 months to regain your strength. Following meniscus repair, you will be restricted from performing certain activities. The specific rehabilitation protocol will be reviewed with you after surgery. Significant arthritis found during surgery may require further treatment, such as Synvisc injections, bracing, medication, or therapy.
9. Your return to your desired activity level will depend on the extent of damage and the procedure performed on your knee. In general, you will be allowed to return to sports in 4-8 weeks after surgery. You must have good motion, strength, and control of your knee. How quickly you return depends on several factors, including: 1) your own rate of healing; 2) the damage found at surgery; 3) if you have any complications; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.