



Postoperative Instructions: Knee Surgery Repair/Reconstruction

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at bradleysmithmd.com.

SUMMARY PAGE

Weight-bearing status: WBAT PWB 50% PWB 25% TDWB NWB

Range of Motion: Progress as tolerated Limited to 0-90 None Other: _____

Brace: If you have a brace, you should wear it at all times except to remove for hygiene purposes or if you are doing exercises with physical therapy. It should be locked straight when ambulating unless directed otherwise.

Standard Medications:

Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.

Methocarbamol 750 mg (optional): 1 tab by mouth every 8-12 hours as needed for muscle spasms.

Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.

Aleve 220 mg (Naproxen): we recommend 2 tabs every 12 hours for the first 5 days after surgery.

Aspirin 81 mg: 1 tab two times per day to reduce the risk of blood clots.

Pain control:

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Keep your leg **elevated** and use **ice or a cryo-cuff** as much as possible to help with pain and swelling.

Follow up: 10-14 days



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Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Medications:

Prescription:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.
- Methocarbamol 750 mg: this is a muscle-relaxer that can help with muscle spasms and pain. Be careful taking this medication with narcotic pain medications, as they both can cause drowsiness. Do not drive or operate heavy machinery while taking.

Over-the-counter:

- Tylenol (Acetaminophen) 325 mg: this is a strong non-narcotic medication for pain. You should take 2 tablets (650 mg) every 6 hours. This can be taken with the oxycodone, and can reduce the amount of oxycodone that you need to reduce your pain.
- Aleve (Naproxen) 220 mg: this is a strong anti-inflammatory medication. We recommend that you take 2 tablets (440 mg) every 12 hours with meals for the first 5 days after surgery. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.
- Aspirin 81 mg: this medication is to help prevent blood clots after surgery. Please take 81 mg two times daily for a total of 2 weeks after surgery.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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Wound Care and Showering

- Leave the surgical bandages on and do not shower for 48 HOURS.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again.
- The ACE bandage can be laundered in normal fashion and reused.
- You may loosen the bandage if swelling or progressive numbness occurs in the extremity.
- After 48 hours, remove the outer bandages and gauze. It is normal to see bloody fluid on the gauze sponges. You may also remove the xeroform, if any (yellow dressing).
- Underneath the gauze you may find white steri-strips or a mesh tape with dermabond glue over some incisions. Leave these in place until your follow up appointment.
- After removing the dressing, you may shower. You can get the incisions, sutures, and/or steri-strips wet in the shower and let water run over the incisions. Gently pat the incisions dry when done, and cover the incisions with a clean dressing or band-aids.
- Do NOT use Bacitracin, lotions, or other ointments to the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor flies, mites, or other organisms that may cause an infection.

Physical Therapy

- Physical therapy is necessary after complex knee surgeries. You should plan to start physical therapy within 1 week of your surgery, and you may begin within a few days if you would like.
- It is recommended that you have your first physical therapy scheduled by the time you have your surgery. Please call the office if you still need a physical therapy referral.

Ice and Elevation

- Try and rest the first few days following surgery.
- When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your knee 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.



Activity/Brace

- Weight-bearing after surgery depends on the type of procedure you have performed. Make sure to clarify your weight-bearing status with your nurse or Dr. Smith prior to discharge from the surgery center. This will also be indicated on the summary page.
 - WBAT: weight-bearing as tolerated
 - PWB: partial weight-bearing. Usually with a % of your total body weight that you are allowed to place on the operative leg.
 - TDWB: Touch-down weight-bearing (sometimes called “toe-touch weight-bearing”). You may place slight pressure on the operative leg for balance, but no more than that.
 - NWB: Non weight-bearing. Do not put any weight on your leg.
- **Crutches** are recommended for the first 5-7 days to help provide support and aid in ambulation. If you have a limited weight-bearing status, then crutches are **necessary** until you are told you can discontinue them.
- You have been placed in a **knee brace**. You will likely have to wear this for the first 4-6 weeks following surgery. The brace needs to be locked (straight) in extension when standing or walking until directed otherwise. The brace also must be worn while sleeping at night. You may remove your brace 4-5 times a day while seated or lying down and when doing exercises.

Follow-Up

- If you have not received an appointment please contact the office to schedule an appointment 10-14 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have. Sutures will also be removed at that time.

Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, you can return to driving when you are able to walk comfortably without assistive devices.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.



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When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



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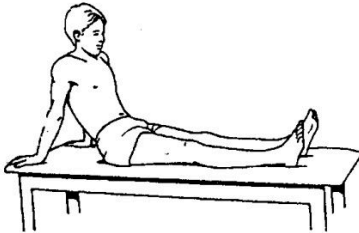
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Home Knee Exercises

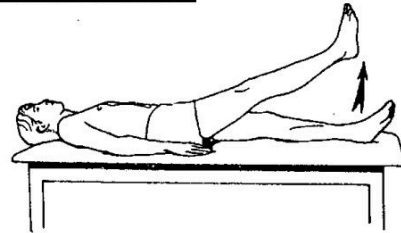
- You may start these exercises as soon as you would like after surgery.
- Only do as much as you feel comfortable doing until you start physical therapy.
- Make sure to follow the activity precautions and range of motion restrictions with any of these exercises.

QUAD SETS



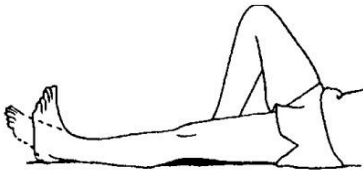
Tighten muscles on top of thigh by pushing knee down to floor or table.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

STRAIGHT LEG RAISE



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day

LEG HANGS WITH GRAVITY

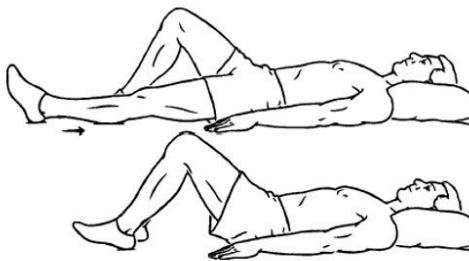
Allow leg to hang with gravity and bend as tolerated for 60-90 seconds.

DO NOT ACTIVELY STRAIGHTEN LEG FROM THE BENT POSITION

Do 3 times per day



Heel Slides



Lie on your back with your legs straight and your feet slightly apart. Slide your affected leg as close to your buttocks as you can. Hold this position for 5 seconds. Slide your heel back to the starting position.

Do 1-3 sets of 10 repetitions, with 1 minute of rest between.

Try to do this 2-3 times per day