

Facey Medical Group
Orthopaedic Surgery & Sports Medicine
Charles R. Young, MD
(661) 424-8830

Knee Arthroscopy

The following is intended as an overview of the surgical treatment & post-operative expectations of your injury. Many of the questions that patients routinely have are addressed here, but if you have further questions or do not understand the content, please contact us.

Post-operative Instructions

- Pain Medication** – You will be given a prescription for pain medication following surgery. Take these as directed for as long as you require them, usually 1-2 weeks. Most patients tolerate these medicines well, but they can cause drowsiness, nausea, vomiting, and, rarely, allergic reactions. When the initial pain subsides, you can substitute them with acetaminophen (Tylenol). Do not take these medicines with alcohol or with other prescription pain medicines. These medications rarely eliminate all pain, but if they are not adequately controlling your pain, or if you are having significant side effects, you should alert your physician.
- Dressing Care** – The initial dressings may be carefully removed 3 days after surgery. Do not pull at the underlying sutures or adhesive bandages. Keep the area clean & dry and cover it with a fresh gauze or other bandage. Continue to use the compression stockings as long as possible, but at least until you are walking normally. The ice-flow machine should be used over the dressings every hour for 15 minutes until the initial inflammation subsides. It can then be used 3 times daily for 15 minutes or as needed, such as after physical therapy.
- Bathing** – Showering is acceptable after the first bandage removal. Limit your shower to short duration and avoid directing water at the incisions. A plastic covering may be used to limit water contact with the surgical area. Avoid using any soap, alcohol or peroxide and do not submerge the incision. Once finished, pat the area dry and cover with a fresh gauze or other bandage.
- Weight bearing** – Unless otherwise directed, you may bear full weight on the operative leg immediately. If you have received a regional block, weight bearing should be restricted until you regain control of the leg. Crutches are provided for assistance with balance and can be set aside when you feel safe to do so. When not walking, you should elevate the leg to minimize pain & swelling.
- Return to Work/School** – Returning to work or school is highly individualized based on your demands at work/school, transportation needs & individual course of recovery. Most patients should plan on a period of 2-3 weeks of recovery if possible. Those with lower physically demanding jobs, including no lifting, pushing, pulling, twisting or prolonged standing, may be able to return sooner. Light duty arrangements may be necessary. When you do return to work, you should be off of prescription pain medications, have good leg control and be able to take necessary breaks to elevate the leg. If returning to school, make sure to have a doctor's note for temporary physical education exemption.
- Driving** – Safety is paramount with respect to your return to driving. You should be off of all prescription pain medications and have enough control of your leg to react safely to the normal hazards of the road. This will be true for most patients within 2-4 weeks, but is individualized and may take longer for right-sided knee surgery.

Post-operative Visits

Please call the office to confirm your initial post-operative visit date & time. If you would like to review your intra-operative pictures, please bring them with you to the appointment.

Your first post-operative visit is scheduled for:

overall strengthening. Some suggested exercises are outlined below.

If you do experience problems, try taking an anti-inflammatory medicine (i.e. ibuprofen, naproxen) prior to exercise and use your ice-flow machine afterwards. Do not take those medications, however, if you experience significant stomach upset, or have a history of ulcers, GI bleeding or renal disease. If you have been given a brace, be sure to use it during all exercise activities until removed by the physician.

In cases of more invasive surgery, formal physical therapy may be recommended to assist in reaching your rehab goals. If possible, you should schedule your initial post-operative PT visit prior to the time of surgery.

Suggested Exercises:

Goals

Full knee range of motion (0-120 degrees)

Exercises (low load, long duration):

Heel prop stretching

Wall slides

Seated assisted knee flexion

Prone hangs

Heel slides

Stationary bicycle

Patellar mobilization

Exercises:

Manual medial/lateral patellar mobilization stretching

Manual superior/inferior patellar mobilization stretching

Quadriceps/Hamstring Control

Exercises:

Straight leg raise

Quadricep sets (isometric, including co-contraction)

Hamstring sets (isometric, including co-contraction)

Hamstring curls

Double-leg quarter squats

Side-lying hip adduction/abduction

Ankle pumps with theraband

Heel raises/calf press without resistance

Cardiopulmonary exercise

Exercises:

Stationary bicycle (progress to low-seat)

Elliptical trainer

Stairmaster