



Sports Medicine, Joint Preservation & Cartilage Restoration

Kelechi R. Okoroha, MD

HIP, KNEE, SHOULDER, ELBOW



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KNEE ARTHROSCOPY

Post-Operative Instructions

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Okoroha or his team supersede the instructions below and should be followed.**

WOUND CARE

- After surgery, the wound is covered with gauze and ace wraps. These should be left in place for 3 days.
- Due to the large amount of fluid used during arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call Dr. Okoroha's office.
- If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- After 3 days, the dressing can be removed and wounds covered with dry gauze or waterproof Band-Aids.
- Do not remove the paper tapes/strips or cut any of the visible sutures. You can reapply the ace wrap to control swelling.

SHOWERING

- You can shower directly over the band-aids beginning on the **3rd post-operative day** as long as the incisions stay dry until your first post-operative appointment
- NO immersion in a bath until given approval by our office.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice machine continuously to ice for 45 minutes every 2 hours daily until your first post-operative visit.
- Use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.



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Admin Assistant
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MEDICATIONS

- Local anesthetics are injected into the wound and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter stool softener such as Dulcolax or Colace or a laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For **3 weeks following surgery take one 325 mg aspirin daily** to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed otherwise.
Use crutches only if needed.
- Toe-touch (restricted) weight bearing – use crutches to keep weight off the leg
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Okoroaha's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

BRACE (if prescribed)

- Keep brace locked in full extension at all times when upright or ambulating.
- Keep brace locked during periods of rest and always at nighttime until the first post-operative appointment.
- Brace straps may be loosened during use of ice machine if desired.
- Brace should be removed for exercises beginning first postoperative day and for periods of rest.
- If combined cartilage procedure was performed and you have been prescribed a CPM machine, the brace should be removed during CPM use as well.



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EXERCISE

- Begin exercises 3x daily beginning the day after surgery (heel slides, quad sets, ankle pumps, straight leg raises, and bending the knee) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Knee stiffness and discomfort is normal for a few days following surgery – it is safe, and, in fact, preferable to bend your knee up to 90° while lying or sitting (unless instructed otherwise).
- Do ankle pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

EMERGENCIES**

- Contact Dr. Okoroha's PA at OkorohaPA@gmail.com if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the service line at **507-284-4300** and you will be connected with someone who can help.
- **If you have an emergency that requires immediate attention proceed to the nearest emergency room.**

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact the our scheduler at 612-502-5386 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- The first post operative appointment may be with one of the Physician Assistants. They will assess the wound, and answer any questions you may have regarding the procedure
- If you have any further questions please contact Dr. Okoroha's physician assistant at OkorohaPA@gmail.com for the fastest response. If e-mail is not an option please call the practice at 612-313-0531.



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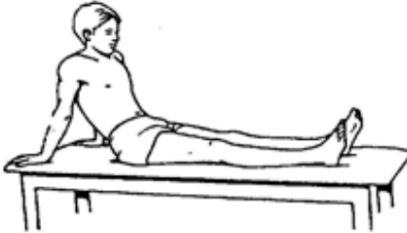
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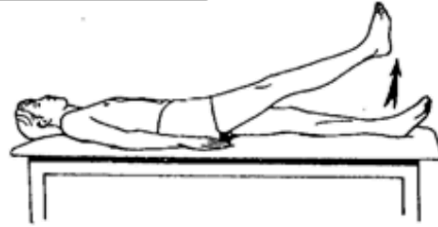
KNEE POST OPERATIVE EXERCISES

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 w/ gravity and bend as tolerated for 60-90 seconds

Do 3x per day



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