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## POST-OPERATIVE INSTRUCTIONS

### **ARTHROSCOPIC ANTERIOR INTERVAL / LATERAL RELEASE**

#### Activity

- 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.
- Pumping your ankle up and down can also help to promote circulation and decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling.
- You may bear full weight on the operative knee as tolerated. You may use a cane or crutches for support if needed for the first 3-5 days and then gradually wean yourself off and walk normally.
- Driving is not recommended when taking narcotic pain medication.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Day.

#### Dressings

- Remove the dressing 48 hours after surgery. Clean the surrounding skin with sterile water or rubbing alcohol and cover the sutures loosely with band-aids or a clean dressing. Wrap the knee in an ACE wrap (snug, not tight). Be sure not to vigorously rub over any of the incision sites as they are still healing.
- Small amounts of bloody drainage, numbness at incision site, knee swelling, and bruising are normal findings following surgery.
- Do not use any ointments on the incisions.

#### Showering/Bathing:

- You may shower after 48 hours after returning home. You can allow soap and water to run down the incision. There is no need to cover the wound while in the shower.
- You should not scrub the incision. Pat the incision dry with a towel after showering.
- If wound drainage is noted, you should **sponge bathe instead of showering** until the drainage resolves.
- No submersion in water, including a bath, Jacuzzi, lake or swimming pool for six weeks and until given clearance by Dr. Day.

## Medication

- Take prescribed pain medication as needed (You will receive ONE prescription of Oxycodone- 5mg tablets to use every 4-6hours as needed for severe pain. No refills will be provided).
- Post-operative pain tends to be the most pronounced the first 2-3 days following surgery. Once the pain allows you to do so, transition to over the counter pain medications such as Tylenol as they have significantly less side-effects compared to narcotic pain medication. **Do not exceed 4,000 mg acetaminophen in 24 hours from all sources.**
- You have also been given a prescription for **Aspirin 81 mg** which you should take once daily with food to decrease the risk of post-operative blood clot formation.
- You may also have been given a prescription for Zofran, an anti-nausea medication. Please take this medication as needed for nausea
- If you have any side effects (i.e. Nausea, rash, trouble breathing) from medication discontinue its use and call our office.

## Physical Therapy

- The need for and timing of outpatient physical therapy will be determined by Dr. Day and discussed at your first post-operative visit.
- A list of home exercises has been enclosed for you to do during your first two weeks following surgery.

## Follow Up

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment to be seen approximately 14 days after your surgery.
- You will be seen by Dr. Day or his Physician Assistant for your first post-operative visit to review your intra-operative findings and to go over any questions you may have.
- Sutures will also be removed at that time.
- Call the office immediately if you develop a fever (>101.5), chills, excessive incision drainage, chest pain, shortness of breath, calf pain, or increased numbness in leg.
- If you have any questions or concerns please feel free to call the office.

## Home Knee Exercises

- Perform straight leg raises, ankle pumps and extension exercises, 15 repetitions, 3 times per day as tolerated
- Low resistance stationary bicycle may be used if desired

