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POST-OPERATIVE INSTRUCTIONS **Chondroplasty / OATS Procedure**

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.
 - **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling.
 - 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.
 - Crutches should be used during the immediate post-operative period. You will be instructed when to formally discontinue them.
- You have been given a knee brace which should be locked in full extension while standing or walking. The brace must also be work at night while sleeping.
- You may bear full weight on the operative knee with your knee brace locked in full extension.
- You will be **toe-touch weight bearing**, ambulating with the assistance of crutches at all times.
- When sitting or lying down you may range the knee from _____. **DO NOT BEND THE KNEE GREATER THAN _____** for the first week following surgery.
 - A **continuous passive motion (CPM) machine** is utilized for the first couple of weeks following surgery to facilitate early motion. You can use the machine *with or without* your knee immobilizer. Be sure to unlock the knee immobilizer if you choose to use the machine with the brace. Your goal is to achieve full knee extension as well as flexion to 90 degrees by 7-10 days following surgery.

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
- 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

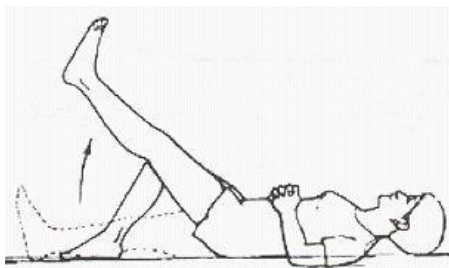
- Schedule Physical Therapy to begin the one week after surgery.
- You should supplement your therapy with your home CPM machine and home exercises
- A list of home exercises has been enclosed for you to do during your first two weeks following surgery.

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 7-10 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



Continuous Passive Motion Machine (CPM)

The goal of a CPM Machine is to help you to begin to move your knee after surgery and before you begin formal physical therapy. When your surgery is arranged, the surgical scheduler will set up the delivery of the machine for you. When the CPM is delivered to your home, you will be shown how to use it.

Here are some instructions that you should keep as a reminder of how your surgeon would like you to use your CPM:

- At first, the movement / range of motion settings will be between 0-45°
- You can start with the machine on low speed, but may gradually increase to medium speed as tolerated
- You should gradually increase how much your knee flexes/bends by 5-10° per day to help decrease the stiffness of your joint.
- ***With most types of knee surgery, your goal is to get up to 90° of flexion in your knee by your first doctors visit following surgery***
 - If you have had surgery on your meniscus or have had quadriceps/patella tendon repair, or patella 'OATS procedure' you should check the instructions that you are given after surgery for specific movement/ range of motion guidelines. If you are unsure, please contact the surgeon's office
- Once you have reached 90° of knee flexion, you should work to achieve pain free movement, but do not go past 90° of knee flexion until directed by your physician
- You should try to use the machine as much as possible
 - During the first few days following surgery, pain may be a limiting factor. You should continue to use the CPM device as much as you can tolerate
 - It is ***best*** if you use the machine 6-8 hours per day, in 1-4 hour sessions at a time.
 - The ***minimum*** total number of hours you should use the machine is 4 hours.
- The CPM device may be used with or without your hinged knee brace
 - It may be more comfortable to use the device with the hinged knee brace unlocked for the first few days following surgery
 - As it becomes easier for you to take your brace on and off, you may begin to use the CPM machine without the brace, as this will help you to achieve more motion in your knee