



Brett D. Owens, MD

POSTOPERATIVE INSTRUCTIONS

KNEE ARTHROSCOPY, DEBRIDEMENT, MENISCECTOMY

DIET

- Begin with clear liquids (jello, soup, etc) and light foods (crackers, etc)
- If able to tolerate without nausea, progress diet as tolerated
- You may be dehydrated following surgery – ensure you drink adequate fluids.

WOUND CARE

- It is normal for the knee to bleed following surgery and for blood-tinged fluid to escape your knee through the portals and become visible on the dressings. You may reinforce with additional bandages.
- You may loosen the surgical dressing if swelling of the foot and ankle occur.
- Maintain your surgical dressing until postoperative day #2, then it may be removed. You may then shower, but avoid washing the surgical area. Pat dry and place band-aids over wounds. No immersion in baths or pools. You may resume shaving, but avoid the wounds until complete healing has occurred.

MEDICATIONS

- Resume your previous medications as instructed by your primary doctor following surgery.
- You will be given Percocet or another narcotic medication to use following surgery. This will be needed to help with pain at night during the first few days. A few days of this medication will not cause addiction – do not be afraid to take if needed. It will cause constipation – you will also be given Colace – a stool softener. Take this at least until your first bowel movement.
- Take pain medicines with food to help avoid nausea.
- You will also be given Motrin – this is the same as ibuprofen and Aleve and other NSAID drugs. This will help with the pain and inflammation.
- You may also be given an aspirin to help prevent a blood clot.
- Do not drive, operate hazardous machinery, or drink alcohol while on narcotic pain medication.

ACTIVITY

- Elevate the leg as often as possible to chest level to minimize pain and swelling.
- Maintain knee extension by placing pillow under ankle and not under knee.
- Ice is encouraged starting immediately following surgery using either an ice machine or ice packs for 20 minutes every 2 hours.

CONTINUED ON BACK

- Use crutches as needed for walking. Unless otherwise instructed, it is OK to put weight on the surgical leg as tolerated. You may wean from the crutches as tolerated but only if able to walk without a noticeable limp.
- Do not engage in activities requiring prolonged standing or walking for the first 2 weeks following surgery.
- You may begin gentle exercises starting on postoperative day #2. These include straight-leg raises, calf/foot pumps, and heel slides.

EMERGENCIES

- Call Dr. Owens if any of the following occur: Fever greater than 101 degrees F, pain uncontrollable with both of the pain medicines prescribed, redness around the incisions, significant discharge from the incisions, significant swelling, numbness, continued bleeding from incisions, excessive nausea/vomiting, difficulty breathing.
- If you have an emergency that requires immediate attention, proceed to the nearest emergency room.
- To reach Dr. Owens during the work day call Jayme at 401-330-1434. After hours, calling this same number will transfer you to a call service and your issue will be addressed by the on-call physician.
- You may also call the emergency department at the hospital you had surgery at and ask for the orthopedic surgeon on call – who can help answer your questions. Miriam Hospital – 401-793-2500. Rhode Island Hospital – 401-444-4000