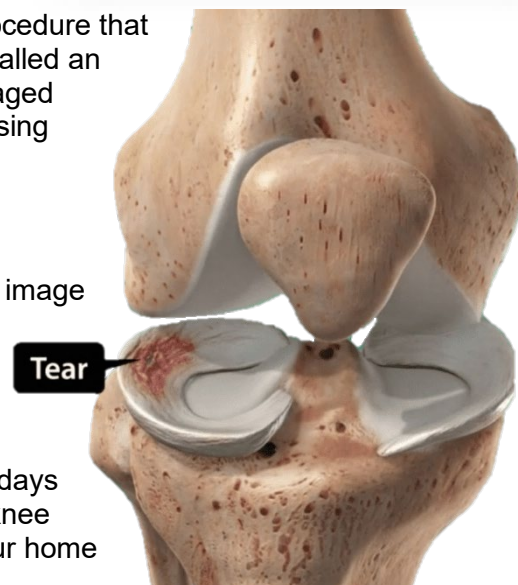


Knee Arthroscopy

A knee arthroscopy (or knee “scope”) is a minimally invasive surgical procedure that allows doctors to see inside the knee joint by inserting a small camera (called an arthroscope) through small incisions made in the front of the knee. Damaged cartilage or tissue in the knee can be trimmed (called a “debridement”) using miniature surgical instruments inserted in the knee joint.

Partial Meniscectomy surgery is performed if you have damaged or torn regions of the meniscus in the knee (example shown in image on the right). A partial meniscectomy is performed arthroscopically and involves trimming damaged or torn areas of the meniscus in the knee.

Recovery: if you have a partial meniscectomy, you will be **allowed to put full weight on the leg and start walking immediately** after surgery. Crutches may be used for a few days if needed. To improve your range of motion, try to keep the knee fully straight or fully bent throughout the day and perform your home exercises. Avoid keeping your knee partially bent at rest.

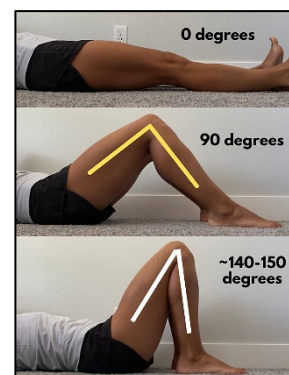


Meniscus Repair surgery is only performed if the meniscus is torn in a way that allows for repair. Meniscus repairs are also performed arthroscopically, though **require restrictions after surgery**. Your surgeon will inform you if your type of meniscus tear can be surgically repaired, rather than trimmed.

0 to 4 weeks after surgery: you will be in a hinged knee brace with **no bending of the knee past 90 degrees**. When walking, the knee brace must be locked with the knee fully straight (0° knee extension), requiring you to use crutches and walk “peg-legged” (i.e. walking with your knee completely straight for 4 weeks to protect the meniscus repair).

4 to 6 weeks after surgery: you may discontinue walking with a straight knee but must **remain in the brace (set 0-90°) while walking**, using crutches for support. You will be restricted to **no bending of the knee past 90°** (including no crouching or squatting past 90°) **until 6 weeks after surgery**. Most patients will start to wean off crutches around 6 weeks post-surgery as the thigh muscles get stronger.

6 weeks to 4 months after surgery: 6 weeks after surgery you may start bending the knee past 90 degrees in the exercises attached to this document. However, you will be restricted to **no “loaded flexion” of the knee past 90° for 4 months**. Examples of loaded flexion activities to avoid include no squatting and lunging with greater than 90° of a knee bend.



Prior to Surgery

Share the information in this document with anyone who will be supporting you through this process. Additionally, **read the “PREPARING FOR SURGERY” document** for greater details on surgery preparation. Ask your surgical team for the “Preparing for Surgery” document if you have not received it.

IMPORTANT: Your surgery may be postponed if there is a change in your health status before surgery. If you begin experiencing a fever, rash, or cold, call our office immediately at (928) 773-2280.

Day of Surgery

The Hours Before Surgery

- Surgical and anesthesia consent forms will need to be signed.
- Pre-surgery sedatives and antibiotics will be administered to you through an IV.
- A nerve block will be performed by the anesthesiologist.
- Your knee will be shaved and cleaned with topical antiseptics Betadine or Hibiclens.
- You will meet with your surgeon in the pre-op area and your surgeon will answer any remaining questions you may have before surgery. Your surgeon will confirm and mark your surgical leg.
- You will be transferred to the operating room for your surgery.

Immediately After Surgery

You will be discharged home once the medical staff determines your pain is well managed, you can walk safely to the car with your crutches, and all necessary medical equipment is acquired. Plan to have someone drive you home and stay with you the first night (for at least 24 hours).

For 24 hours after anesthesia, and while taking opioid pain medication, you are deemed to be under the influence of drugs: do NOT drive, run machinery, drink alcohol, smoke, or make final decisions during this time.

Pain Medication: You may have been given an opioid/narcotic pain prescription for either Percocet (oxycodone with Tylenol) or Norco (hydrocodone with Tylenol). Take these pain pills as directed, with food, allowing 30-45 minutes for the medication to start working. You may take NSAIDs (e.g. Ibuprofen or Aleve) or Tylenol *instead* of your pain prescription if you do not have an allergy and these medications do not interfere with any medical conditions you may have. NSAIDs can be taken for pain relief along with Percocet or Norco if needed. DO NOT take Tylenol if you are also taking Percocet or Norco.

The First Night after Surgery

- Take your prescribed pain medication for at least the first 24 hours after surgery.
 - Take first dose immediately upon arriving home, unless instructed otherwise.
 - Pain medications will not take away all the pain but should increase your comfort level.
 - Take pain medication with food, allowing 30-45 minutes for the medication to be effective.
- Take other prescribed medication as indicated on your prescriptions.
- Keep the surgical wound bandaging dry and intact.
- Note: the muscles in your leg may still be weak from the nerve block for approximately 24-hours following your surgery.

Call Our Office IMMEDIATELY if ANY of the following arise after surgery:

- Chills or fever above 101°F.
- Trouble breathing, or chest pain.
- Severe nausea, vomiting, rash, and/or itching.
- Pain not relieved by oral pain medication.
- Sudden increase in leg pain and sudden increase in swelling in calf.
- Inability to urinate or empty your bladder.
- Signs or symptoms of infection including excessive redness, drainage, or significant hip/leg swelling.
- Discharge from the surgical wound that has an offensive odor.
- Opening (or pulling apart) of the surgical wounds.

Flagstaff Bone & Joint:
(928) 773-2280

If you feel you need URGENT MEDICAL HELP, please go to the nearest emergency room.

Recovery Instructions

Iceing: Ice the knee every 1-2 hours for 15-20 minutes at a time for at least the first **3-days** after surgery. Continue to ice as needed throughout the first 2-weeks after surgery. Always place a barrier between the ice pack and your skin to prevent freezing the skin. Do not put a heating pad over the incision/surgical wound. You may use a heating pad on other areas of the legs or body for aches or muscle spasms.

Swelling, Bruising, Numbness: Swelling into the lower leg is common following surgery and may extend into the foot and toes. The thigh, knee, and lower leg may become very discolored and bruised and may hurt away from the surgery site. It is common for your leg to feel warm. If any of these symptoms worsen or appear severe, including increased numbness or tingling, call the office.

Incisions (Surgical Wounds):

- Keep incisions clean and dry until your 2-week follow-up visit.
 - Pat-dry incisions after showering starting 3 days after surgery.
- Wear clean clothing and use clean bedding to avoid infection.
- Look for any signs of infection, including presence of drainage, excessive redness, and large amounts of swelling or bruising.
- Do not apply any creams, lotions, or ointments to the surgical area or incisions.
- If bloody drainage is noted coming from the surgical wound after you return home, **CALL US IMMEDIATELY** at (928) 773-2280.

Showering: starting **3 days after surgery** you may remove the post-surgery bandaging, and you may shower, letting water run off the knee. If your incision has Steri-Strips (small white bandages directly covering the incision), please keep these on during showering until your 2-week follow-up appointment. **Do not soak** the knee or scrub soap on it. Pat the knee dry after showering and re-dress it with sterile gauze and ace bandage or Band-Aids for at least 2 weeks following surgery. *No hot tubs, bathtubs, pools, or any soaking until the incisions are completely healed (about 2-3 weeks after surgery).*

Following the first bandage change 3 days after surgery, you will then start daily bandage changes until you are seen back in the office for your 2-week follow-up appointment.

Activity After Surgery

Walking: Walk for 5-minutes, every hour, throughout the day (when you're awake). Gradually increase your activity and walking every day. If increasing your activity causes increased pain (pain lasting more than 2 hours), reduce activity accordingly. Rest and ice after walking and other activities.

Stationary Biking/Swimming: Riding a stationary recumbent bike is a great option (in addition to the home exercises on pages 5-6) to regain strength and motion at the knee. Swimming or performing knee exercises in a pool can be started **ONLY** after clearance from your surgeon.

Driving: Do **NOT** drive until cleared by your physician. It is illegal to drive while taking opioids (narcotics). You may be released to drive once you are **no longer taking opioid pain medication and** the following is met:

- **LEFT knee surgery:** If you drive a manual transmission, you may drive only once you have good muscular control of the leg to efficiently operate the clutch, and you are cleared by your physician. If you drive an automatic, you may drive once you can comfortably get in and out of a vehicle.
- **RIGHT knee surgery:** you should not drive until you have good muscular control of the surgical leg and are able to brake quickly and effectively, and you are cleared by your physician.

Home Exercises: It is important to complete your prescribed home exercises (on pages 5-6) **at least twice a day, immediately after surgery**. Performing these exercises and maintaining motion at the knee is extremely important, especially in the first two-weeks after surgery. Starting your home exercise program **prior to surgery** is also beneficial to a better outcome after surgery. If you'd prefer to do formal physical therapy after surgery, discuss with your surgeon.

Post-Surgery Precautions:

Entering Vehicle: To enter passenger seat in car; push seat all the way back. Back up to your seat using crutches, then reach backwards to feel the seat and slowly start to lower yourself, reaching back with other hand as you sit.

Stairs: Remember the saying: "up with the good leg, down with the bad." To go up stairs, step up onto first step with your non-surgical (good) leg, then follow with your surgical (bad) leg and crutches. To go down stairs, place your crutches onto the next step down, then step down with your surgical (bad) leg and follow with the non-surgical (good) leg. Alternatively, use handrail or cane for support instead of crutches on stairs or multiple steps.

Other:

- **Get into bed** with non-surgical leg first, and out of bed with surgical leg first.
- Avoid cords, small pets, and remove throw rugs to minimize risk of falling.
- **DO NOT drive** until cleared to do so by your doctor (*reference page 3 for driving details*).
- Ensure you have adequate room at the side of your bed to walk with crutches.
- Avoid pivoting or twisting on the surgical leg & avoid walking on slippery or unstable surfaces.
- Avoid pushing yourself to exhaustion with activity & avoid reaching far overhead or down low.
- To minimize risk of injury, *slide* any bowls, containers, pots, pans, along the counter. Do not carry them.

Recovery & Follow-Up Appointments

Most people can return to work doing seated duties within 1-2 weeks. You should expect post-surgery pain, which varies for each patient. It can take 1 to 6 months before you are pain free and back to all activities. Recovery times and amount of pain relief after surgery vary for each patient.

Follow-up Appointments: Below are the typical scheduled follow-up appointments after surgery.

- 2 weeks
- 6 weeks
- 4 months (for meniscus repairs)

IMPORTANT: although you may feel that you are doing extremely well after surgery, it is important to still attend all routine follow-up appointments after surgery.

2-Week Follow-Up Visit

During your scheduled office visit at two-weeks post-surgery, you can expect the following:

- Removal of your bandage, and assessment of your surgical incisions.
- Evaluation of your pain levels and your day-to-day function.
- Assessment of knee motion.
- Discussion of activity and any restrictions as necessary.

Home Exercise Program- Page 1 of 2

The following exercises will help your recovery from your Knee Surgery. **Perform at least twice a day.** Strong determination and tolerance for temporary discomfort will quicken your return to normal activities. Gradually increase the frequency of the exercise as your knee becomes stronger. Initially you may require assistance, but you should soon be able to perform these exercises and stretching exercises on your own.

Elevated Ankle Pumps



Elevate your lower leg on a stack of pillows while lying on your back. Then, flex at your ankle, moving your foot up and down. Perform this exercise as much as possible throughout the day at rest to prevent blood clotting and reduce swelling.

Repeat 20 times.

Quad Sets (towel under knee)



While seated (or laying on your back), straighten the surgical leg in front of you while pressing the back of your knee down into a rolled towel (or just into the floor) by tightening your thigh muscles. The heel of your foot should raise off the ground (if using a towel). Hold the knee straight for 3 seconds, pressing down into the towel or ground, then release. Maintain normal breathing, do NOT hold your breath.

Repeat 20 times.

Heel Slides



Lie on your back with both legs straight. Then, slide the heel of your surgical leg toward your bottom, bending the knee as far as possible. Straighten your knee back out until it is fully flat against the floor. This exercise can also be performed in a seated position in a chair (sliding heel on floor, bending knee as far as possible, then straightening knee back out).

Repeat 20 times.

NOTE: If you had a meniscus repair, do NOT bend the knee past 90° for 4-weeks after surgery

Home Exercise Program- Page 2 of 2

The following exercises will help your recovery from your Knee Surgery. **Perform at least twice a day.**

Straight Leg Raises



Lie on your back with both legs out straight. Tighten your thigh muscles and slowly lift your heel from the ground (maintaining a straight leg/unbent knee). Raise the leg as high as possible. Then, slowly lower the leg back down to the starting position with the knee straight.

Repeat 10 times.

Seated Knee Extension



Sit upright on a chair or couch with both feet flat on floor. Lift your foot, trying to straighten the knee as much as you can while using your thigh muscles. Hold this position for 1-2 seconds, then relax.

Repeat 20 times.

Heel Raises



While standing with feet flat on the floor (and using chair or countertop for support), raise up onto your toes, lifting your heels off the ground. Slowly lower back to starting position, and repeat.

Repeat 20 times.
