



POST-OPERATIVE ARTHROSCOPY INSTRUCTIONS JAMES C. HOLMES, M.D.

Please call my secretary, Bev, at 321-1333 to schedule your first post-op visit. This should be done as soon as you return home. Thank-You.

PAIN:

1. If you are discharged the day of your surgery, you can anticipate pain the night of surgery which probably will disturb your sleep. This will occur despite the usual early on absence of pain. (Early pain has been prevented by use of a local anesthetic.) Pain should diminish after the first 24 hours.
2. To relieve pain the first 24 hours, apply ice constantly. Ice is best applied by filling a plastic garbage bag with ice cubes or chips and applied to the ace bandage over the knee. Elevation of the leg will help relieve pain.
3. Pain meds: A prescription for pain medication will be given to you at the time of your discharge. This may be filled wherever you desire and should be taken as directed.
4. Usually, soreness is present in the knee after the first 24 hours and persists for a variable period of time after the operative procedure. This variability is secondary to the procedure done and the extent of the procedure.

SWELLING:

1. Most knees exhibit swelling after an operation. This swelling will involve the knee joint area and should gradually diminish in time.
2. Additional swelling may be present below the knee. This is usually secondary to the tourniquet effect of the ace bandage in the area of the knee.
3. Swelling below the knee usually responds to elevating the leg above the heart level while lying down with ace bandage removed.
4. Swelling may persist in the areas of incision (arthroscope holes) for 3-6 months after an operation. This swelling is in the form of hard scar tissue below the incision and almost always totally resolves.

WALKING:

1. Walking on the operated side (leg) should be weight bearing as tolerated either with or without crutches. If you are comfortable without crutches for short distances this is acceptable. Any long-distance ambulation (shopping, going to sporting event, etc) should be with your crutches.
2. Walking flat footed is preferred, but if this is uncomfortable, ambulate on your toes on the involved side until you can walk flat-footed. Prolonged toe walking may cause calf cramping and pain.

Post-Operative Arthroscopy Instructions

Page 2

BATHING:

1. You should not shower for 48 hours after your operation. When showering, remove all dressings except the small tapes over your wounds. You may get the operative area wet but should not scrub off the tapes.
2. At no time during the first two weeks post-operative should you immerse your knee in water. Specifically, you should not use tub baths, jacuzzi, whirlpools or hot tubs.

DRESSING/BANDAGES:

1. Your dressing will consist of a combination of gauze pads, ace bandages and possibly a foam rubber pad.
2. The gauze pads may be changed as desired. These usually may be discarded by 48 hours after your operation or at the time of your first shower.
3. The ace bandage may be wrapped and re-wrapped as often as you desire. The ace should not be discarded until your first visit with me unless otherwise directed.
4. A foam pad will be used after certain operations. This must be retained in the indicated position for at least 5-10 days.
5. If the tapes have not fallen off by 14 days, they may be removed. If the wound is not completely healed when the tapes come off, cover it with a bandaid.

POST-OPERATIVE THERAPY (Exercises):

1. At the time of operation (usually before or after the actual surgery) a physical therapist will give you an exercise program to be performed at home.
2. Do not change the exercise program until you have seen me after surgery or have contacted either me or the physical therapist.
3. Your exercise program will be modified or expanded at the time of your first office visit. The availability of an exercise bicycle will be of advantage to you in your rehabilitation.

ATHLETIC PARTICIPATION AND WORK:

1. If you have a sedentary occupation, you may return to work as soon as you are comfortable.
2. If your job is very physical (a lot of squatting, lifting, walking, climbing etc.), you should not return to work until you have seen me in follow-up.
3. You should not participate in athletics until further notice.

DRIVING:

1. You MUST NOT drive yourself home the day of your surgery.
2. You MUST NOT drive under the influence of narcotic pain medication (Tylenol #3, Percocet, Percodan, Vicodin, etc.).
3. Operating an automatic transmission vehicle is preferable after surgery.

Post-Operative Arthroscopy Instructions

Page 3

FOLLOW-UP:

1. An appointment should be made to see me within 7-14 days after your surgery. Please schedule this appointment with my secretary, Bev, when you arrive home **the day of your discharge or prior to leaving the hospital.** I may also wish you to see one the therapists after seeing me.
2. Occasionally, it will be necessary to see me either sooner or later than the above time. We will discuss this after your surgery.

DANGER SIGNALS:

I, or the surgeon on call, should be contacted if:

1. Should you develop an elevated temperature of 101 degrees or greater.
2. Should you develop redness or drainage of purulent material (pus) from the surgery wounds.
3. Should you develop cramping in the calf which will not go away with elevation, rest and icing.

If you have any questions unanswered by these instructions, please do not hesitate to contact my office.

Thank You,

James C. Holmes, M.D.

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PATIENT NOTES:
