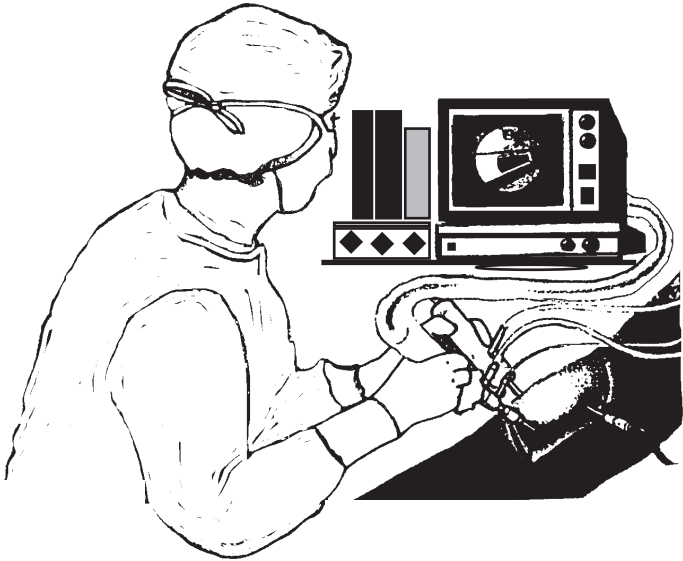
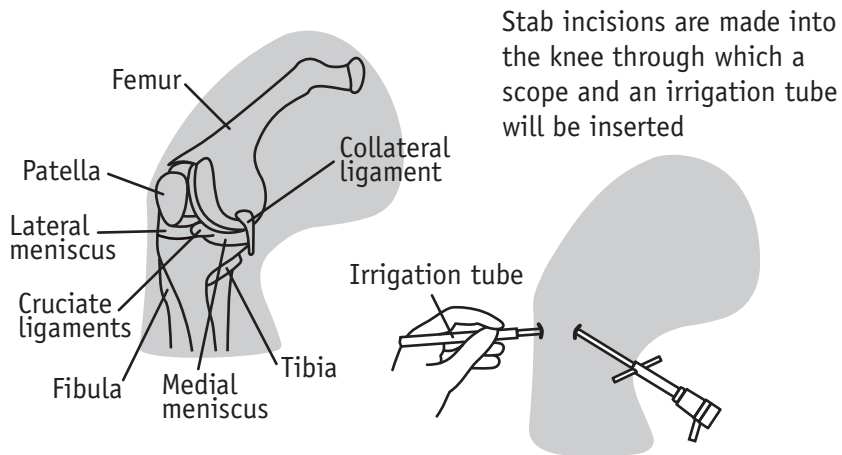


After Knee Arthroscopic Surgery

Discharge Instructions





The arthroscope allows the surgeon to view the joint in its entirety in order to make a diagnosis of its condition.

General Information

- This procedure is done in the Operating Room under a general or spinal anesthetic.
- A lighted telescopic lens called an arthroscope is used to directly view the inside of the knee joint.
- This procedure is done to examine the joint and do minor surgical procedures (i.e. cleaning the joint surfaces, removing pieces of bone, tissue, cartilage, staples or screws).
- Several small cuts (about ½ inch) are made in the skin in order to place the arthroscope and surgical instruments.
- The procedure takes between 30 minutes to 1 hour.

Important Points in Treatment

Pain & Swelling

- Your knee will be swollen and somewhat uncomfortable for 24–48 hours after your operation.
- This is normal and partly due to the fact that some fluid is injected into the knee during the procedure. The sensation of fluid splashing in the knee is normal and will gradually disappear.
- If you have pain and/or swelling, apply an ice pack over the knee bandage for 10–20 minutes every 2–3 hours as needed.
- Raise the leg on 1–2 pillows to reduce swelling.

Dressing

- Your knee may have a gauze dressing, padding and either an elastic tensor bandage or stretchy “tubigrip” to cover the incisions.
- If bleeding comes through the dressing, it should be changed. Bandages can be purchased at any local drug store.
- If you have a tensor bandage:
 - If the tensor feels too tight, and especially if you feel tingling or numbness in the foot, REWRAP the tensor less tightly, starting at mid calf to above the knee.
 - The elastic tensor should be removed and rewrapped twice a day to improve your circulation.
 - Continue to wear the tensor until seen by your physician.

- You may remove the dressing in _____ days. If no special instructions, remove it in 2–3 days. After removing the dressing, if there is still any drainage from the incisions, replace with a new bandage.
- Do not disturb the tapes/stitches over the incisions. If the tapes get wet and fall off, replace with a bandaid on your incisions until seen by your doctor.

Surgery on the Kneecap:

If you had surgery for dislocating patella (kneecap), do not disturb the dressing and tensor (elastic bandage) until you are seen in the doctor’s office, unless otherwise instructed.

Bleeding

- There may be some drainage/blood on the bandage. This is usually not a cause for concern.
- If the dressing becomes soaked with blood, apply firm steady pressure over the area for 10–15 minutes or until the bleeding stops.

Bathing

- You may shower in _____ days. Before that you can shower with a plastic bag taped around the knee to keep the incisions dry until they are healed.
- **DO NOT** allow the dressing to get wet.

Medication

- You may receive a prescription for pain medication. This medication works best when taken regularly. Do not wait until you are in severe pain to take your medication.
- Some of these medications cause drowsiness and constipation. To prevent constipation, eat a high fibre diet. For example; full grain breads, bran cereals (All Bran, Bran Buds, Fruit & Fiber), fruits (prunes, raisins, dates, bananas, apples), and vegetables.
- Ask your pharmacist about a mild laxative or stool softener such as “Colace”, if needed.
- Do not drink alcohol when taking pain medication.

Activity

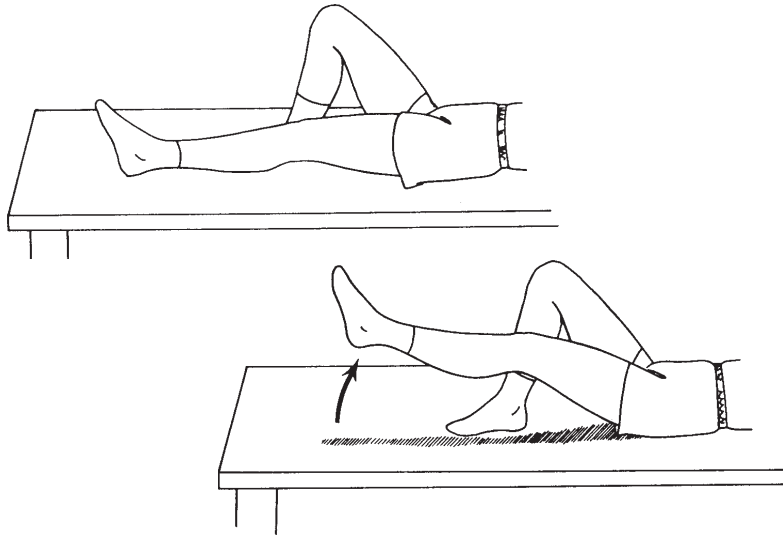
- Unless otherwise instructed, you may be as active as you wish, as long as it does not cause undue pain or discomfort.
- You may bear full weight, unless your doctor orders otherwise. Crutches are optional.
- Plans for returning to work depend on the nature of your job, as well as your general health and recovery. Discuss this with your doctor.

Exercises

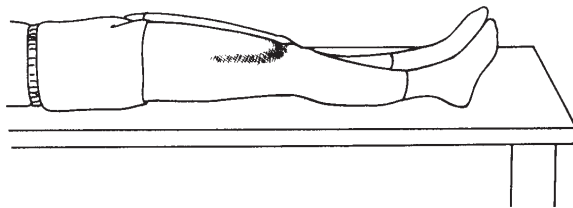
- Post-operative exercises are outlined as follows, and should start the day after your operation.
- Putting **ice packs** on your knee before and after your exercises may reduce pain.
- It will be helpful to take your **pain medication** an hour before exercising.
- Begin exercising with **5-10 repetitions of each exercise, 2 or 3** times each day.
- If you have difficulty understanding or doing these exercises, contact the physiotherapist that you will be seeing for your knee rehabilitation program or contact your surgeon.

1. Lie flat on your back with the operative knee held straight and the other knee bent, tighten your thigh muscles by these two exercises:

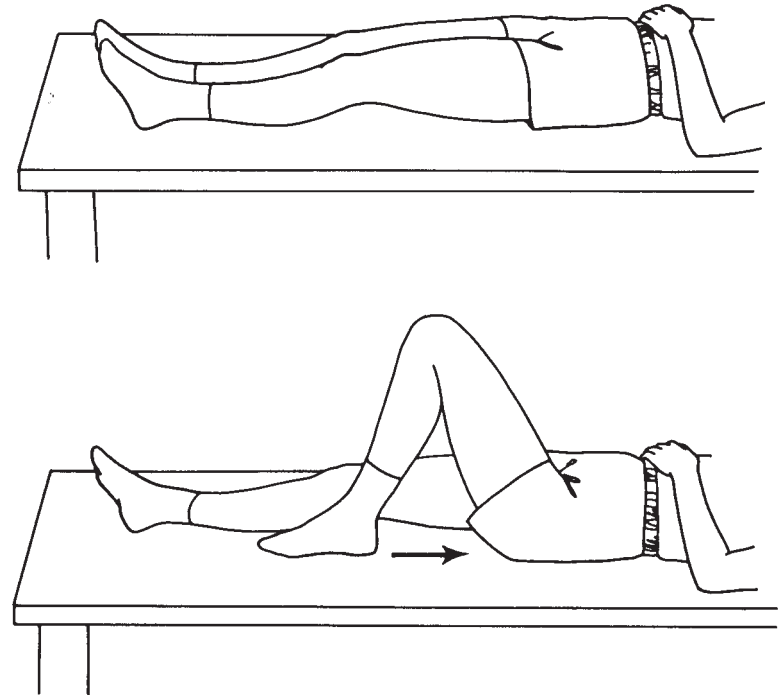
(a) Raise the operative leg off the bed and hold it in this position for a few seconds.



(b) Press your operative leg and heel firmly into the bed or floor, thus tightening the muscles at the front of your thigh for a few seconds.



2. Gradually begin bending your knee progressing at a rate you find comfortable until you can fully bend the knee.



Follow-Up Appointment

Call your surgeon's office to make the follow-up appointment.

Notify the Doctor or go to the Emergency Department if any of the following happens

- you notice any signs of circulation problems (numbness, coolness, change in skin colour, calf pain, difficulty moving toes/ankle up and down) which is not relieved by loosening the bandage and tensor and/or elevating the leg
- the knee becomes red, swollen, warm to touch and/or you notice pus-like (yellow or green) discharge
- persistent bleeding continues even after applying direct pressure to the area for 10–15 minutes
- you develop chills or fever (38.5°C/101.3°F or higher)
- you experience pain unrelieved by your prescribed medication
- you have (unusual for you) shortness of breath or chest pain

Besides these general instructions remember also:

For more copies, go online at <http://vch.eduhealth.ca> or email pchem@vch.ca and quote Catalogue No. **FB.873.Ar76**
© Vancouver Coastal Health, August 2016

The information in this document is intended solely for the person to whom it was given by the health care team.
www.vch.ca