

Dr. Nuelle Knee Arthroscopy Discharge Care Instructions

Recovering at Home

This care sheet gives you a general idea about how to care for your knee at home. These recommendations are designed to help your recovery process, but each person may recover at a different pace. Follow the steps below to get better as quickly as possible.



Wound care

- **Keep your surgical dressing on until post-operative Day 4.** Remove your dressing on Day 4, but please do not cut any visible sutures or remove the white adhesive skin tapes (steri-strips or butterfly strips) over the wound.
 - After dressing is removed, if wound is continuously draining please call your doctor.
 - After you remove your bandages, you may apply Band-Aids to the wounds daily for comfort. Please **do not use any ointments** under the bandage.
- **Keep the incisions clean and dry until post-operative Day 4. Do not soak the knee in water or go swimming** until cleared by your doctor. You may shower on post-operative Day 4 (see Activities of Daily Living below).

Pain Management

- Medications
 - We suggest you use the pain medication the first night prior to going to bed. If you had a nerve block prior to surgery, this is necessary to ease any pain when the nerve block wears off.
 - You should eat something when you take pain medication to avoid an upset stomach. Only take narcotics as prescribed as needed. Plan to gradually reduce your narcotic use over the coming weeks.
 - Your doctor may prescribe or recommend non-steroidal anti-inflammatory medication (Aleve, Motrin, etc...) Use these as directed.
 - Pain medication may make you constipated. Please try the following solutions in this order. If these do not work, please call the physician's office.
 - A. Decrease the amount of pain medication if your pain has improved.
 - B. Drink more decaffeinated fluids, including water.

- C. Walk as much as tolerated.
- D. Eat foods high in fiber (fruit, prunes, etc...).
- E. Take stool softeners as prescribed while taking narcotic pain medication.
- **Pain and Swelling Control**
 - Emphasize pain and swelling control throughout post-operative week 1 and week 2. The swelling is brought down by elevating your leg and using ice.
 - Elevate (raise or prop up) your leg at all times when sitting or lying down. When elevating, your leg should be completely straight. Place pillows length ways under your leg, with an extra pillow under your foot to keep your knee straight (**do not place pillows under a bent knee**). Be sure your knee is above your heart level.
 - Use the ice machine or ice packs continuously on post-operative Day 0 and Day 1. Place a thin towel or sheet between your skin and the ice pack to protect your skin. Beginning on post-operative Day 2, you may use ice up to 20 minutes every hour for pain relief. Routinely check your skin to make sure there are no abnormal color changes, blisters, or changes in texture.
 - An ACE wrap may be used to help control swelling. Use the ACE wrap continuously until post-operative Day 4 (when your bandages may be removed), and then as needed for swelling control. Do not wrap the ACE wrap too tight.

Prevention of blood clot formation after surgery

- Walking and your post-surgical exercises may reduce the risk of blood clots.
- Your doctor may prescribe medication as needed to further reduce your risk. If so, please take as prescribed.

Activities for daily living

- **Diet**
 - Return to your normal diet.
- **Bathing**
 - Sponge bathing (keeping your bandages dry) is recommended until post-operative Day 4.
 - You may shower on post-operative Day 4. You should remove the ACE wrap and bandages before showering. You may let warm soapy water flow over the wound but do not scrub the wound. Gently pat the wound area dry with a clean towel.
 - It may be necessary to sit on a shower chair or edge of a bathtub if you do not have good balance.
- **Weightbearing**
 - You will be weightbearing as tolerated with crutches after your surgery. If you have had a nerve block, delay weightbearing until post-operative Day 2.

- Crutches – use your crutches **until you can walk comfortably without limping**. Most patients will still need to use crutches to walk normally at their first follow up appointment with the physician.
- **Exercise**
 - Begin the exercises on the attached sheet, labeled “Home Exercise Program,” by post-operative Day 1. Do these exercises 2 to 3 times daily. Do not push into sharp pain during any exercise, but gradually try to stretch farther each day. Let pain be your guide.
- **Driving**
 - If your **right knee** is the operative side, you **may not drive until cleared by your doctor**.
 - If your **left knee** is the operative side and you drive an automatic transmission vehicle, you may begin driving 2 to 3 days **after** you finish taking your pain medication. It is important that you feel very confident in your ability to respond quickly before attempting to drive.
- **Work/School**
 - You may return to desk work or school within the first week after surgery. Any activity level high than the above must be cleared by your physician.

Physician Follow-Up (Post-Operative Day 10-14)

- Follow-up care is a key part of your treatment and safety.
- Dr. Nuelle will discuss your surgery, show photographs of your surgery, and outline your rehabilitation at your first follow-up appointment.
- Be sure to make and go to all appointments listed on your discharge paperwork. Call your health care team if you are having problems. It’s also a good idea to bring a list of the medicines you take to each visit.
- Our office contact information is as follows:
 - Our office line: 210-804-5995
 - TSAOG main line: 210-804-5400

When should you call for help?

Call your doctor now if you experience any of the following:

- Fever over 101°F (38.5°C) or chills
- Redness or drainage from the surgical incision site after post-operative Day 4.

Call 911 or proceed to the nearest ER anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.

