

Knee Arthroscopy

*****Limitations, certain exercises and rehabilitation progression is based on your diagnosis (i.e. osteoarthritis), symptoms, soft tissue healing, patient goals/lifestyle, etc.**

First 7 days after your surgery

General information

- You may walk on the operative leg with the assistance of crutches as tolerated, but avoid doing too much too fast.
- Most people are on crutches for 3-5 days after knee arthroscopy.
- You may shower and get your incision wet after the second day from surgery. Do not soak the incision in a bathtub, hot tub or pool until at least 4 weeks after surgery.
- It is normal to have swelling and discomfort in the knee for several days to weeks after knee arthroscopy, depending on what procedure was done. This is usually nothing to worry about. However, severe and worsening pain, redness, drainage, or fever could indicate infection (after the first day or two).
- Once your arthroscopic stitches are removed (typically at your first post-op appointment), white steri-strips will be placed over the incisions. Leave the steri-strips in place. They will gradually loosen and fall off as you move the knee and shower. It is ok to allow water and soap to get on the steri-strips.

Physical therapy

- You will begin physical therapy within a week after the surgery. We will discuss physical therapy at your first post-op appointment. You will choose your therapy location. If you do not have a physical therapist that you know, we will assist you in finding a physical therapy location.
- In the interim, initiate gentle knee motion (flexion and extension) a couple times daily to help prevent stiffness.

Work notes and time out of work

- Your work status will depend on the procedure that was performed and the physical demands of your job. Your work status will be discussed at your first post-op appointment. A work note will be given to you, if needed, at your first post-op appointment.

Medications

- You should take a baby Aspirin (81 mg) daily for two (2) weeks following your surgery. You may be prescribed a prescription blood thinner (i.e. Xarelto or Lovenox) depending on your medical history, history of a blood clot (DVT or PE), history of a clotting disorder, on birth control, etc. This will be discussed with you if a prescription blood thinner is recommended. **Do not take Aspirin and Xarelto or Lovenox together (unless otherwise instructed by your doctor).** You may have to wear compression stockings during and after knee surgery. These stockings should be worn until your first post-op appointment. This is to help with blood flow and prevent a blood clot.
- Most patients use pain medication for the first few days after surgery. There are times where pain medication is used for a longer period of time, depending on the surgical procedure. Also, pain varies from person to person. If you were prescribed Percocet (oxycodone/acetaminophen), Demerol (meperidine) or Dilaudid (hydromorphone), these medications cannot be called into your pharmacy. The most common side effects of narcotic pain medicine are dizziness, nausea, vomiting, urinary retention and constipation. We recommend starting with a stool softener (i.e. Colace, which is an over the counter stool softener at any local pharmacy). If you experience any other rare side effects such as shortness of breath or difficulty swallowing, call 911 or report the nearest emergency department immediately.
- If the pain medication is not effective at controlling your pain, please contact our office (804) 320-1339. Do not take Tylenol (Acetaminophen) in addition to your pain medication as most of the pain medication already contains Tylenol (Acetaminophen). Do not exceed 4000mg of Tylenol per day. For example: Percocet 5/325mg = 325 mg of Tylenol (Acetaminophen)

2 - 6 weeks after your surgery

- Try to bear full weight and walk on the operative leg normally. Try to avoid limping and walk slowly but normally. Avoid walking for long distances until four to six weeks after surgery, depending on your progress.
- Avoid using stair-stepper machines, deep knee bending, squatting or any exercise that causes clicking or pain at the kneecap at this phase. These activities are case dependent.
- At six weeks after surgery, you may gradually resume your previous activities if you have full range-of motion, full strength and no swelling. Typically, you can begin a walk-jog program (for runners and athletes) at 6-8 weeks post-op. Also, you can discuss a program with Dr. Young, Jake and/or your physical therapist.
- Activity modifications may be recommended for you going forward based on your arthroscopic findings. This will be discussed during your post-op appointments.



D. Christopher Young, M.D.

Head Team Physician
University of Richmond
Clinical Associate Professor of
Orthopedic Surgery, VCU

Jacob C. Puglisi, PA-C, ATC

Physician Assistant

Chippenham Boulders Office
1115 Boulders Parkway, Suite 100, N. Chesterfield, Virginia 23225
Office: 804.320.1339 Fax: 804.560.1481