



Post Operative Instructions:

1. Medications:

Two medications have been prescribed for you to make you more comfortable, and decrease the swelling in the knee following surgery.

a. A pain medicine (narcotic):

This is usually either Darvocet (Propoxyphene) or Vicodin (hydrocodone) depending on which pain medicines have been used before and what has been known to be effective for you. These pills should be taken only as needed for severe pain and only when pain is present. They do not aide in the healing of the knee but are used to "Take the edge off" of the pain. Do not take more than two every four hours and do not mix with alcohol. As the pain lessens, decrease the number of pills that you are taking, stopping them as soon as the pain is at a tolerable level without the pills.

b. An anti-inflammatory medicine:

Usually this will be either Voltaren (diclofenac) or Naprosyn (naproxen). The purpose of these pills is to aide in reducing the swelling that naturally occurs following surgery and to allow easier bending of the knee after the surgery. These medicines have the added benefit that they are helpful in reducing the pain, but they should be taken on a regular basis whether pain is present or not. Because stomach upset may occur, it is best to take them after eating something and not on an empty stomach. If significant stomach upset occurs, stop taking the medication; it is an aide, but not a necessity.

2. Bandages:

A plaster splint has been placed on the foot, and this should be kept in place without being removed until you return to the orthopaedic office. If some bleeding occurs through the bandage, do not be alarmed, this is common and does not mean that there is a problem. Additional bandage materials may be wrapped on the outside of this bandage to prevent soiling of clothing. If the bandage feels excessively tight, you may loosen the ace wrap but do not disturb the gauze sponges underneath. Call to the orthopaedic office to schedule a splint change if it is excessively uncomfortable.



3. Bathing:

The bandages beneath must be kept dry. For the first two days after the operation, sponge baths are usually easiest. Use of a bathtub is OK if you are able to keep the bandages dry by keeping the operated leg out of the tub. Showering is better saved until after the first bandage change and will require that the splint be kept dry by sealing it off with tape and plastic. **It is very important the the incision not be allowed to become wet as this may cause an infection.**

4. Crutches:

These are necessary for ambulation after surgery. If you are excessively unstable on your feet or feel completely unable to walk with crutches, come by the orthopaedic office so instructions can be provided for you. Be especially careful around wet floors and slick surfaces.

5. Activity:

The first two days after the surgery are the most painful and the most important in keeping the swelling down. During this time you should spend as much time as possible lying down with pillows placed beneath your leg so that the foot is elevated higher than the level of your heart. The higher it is raised, the less swelling you will have. You may crutch/walk as is necessary, but minimize the amount of time out of bed during the first two days, and **do not put any weight on the operated foot.**

6. Exercises:

Most patients are anxious to begin exercises as soon as possible after the surgery in order to prevent atrophy (weakening) of the muscles and keep the knee from getting stiff. Early exercises are also often helpful in "getting the ache out" of the foot. You will be able to resume walking out of a cast at 6 weeks after the surgery, but there are some exercises you should start right away.

- a. **Straight leg raises:** Do as many as you can of these, with a goal of doing at least 100 per day. You may have some difficulty on the first day after the operation, but do your best. Remember to contract the quadriceps strongly before lifting the leg, hold it for 3 seconds once you have lifted it, and relax it for three seconds at the bottom before beginning the next one.
- b. **Range of motion exercises:** Flex and extend your toes frequently during the day. This stimulates blood flow as well as preventing stiffness.



7. Diet:

You may resume eating your usual diet after surgery, but it is best to begin slowly with liquids and then some solid food before eating anything very big. It is common to have some nausea or loss of appetite during the first day after the operation because of the anesthetic. There are no special foods or diet supplements that have been shown to speed healing after surgery, so the best guidelines to follow are to eat as many green leafy vegetables and fruit as possible and avoid greasy or high fat content foods.

8. Things to watch for:

- a. **Fever:** It is very common to run a low grade fever (<101) during the first two days after the operation and this is not a problem. If your temperature goes higher than 101 or stays higher than 100.5 for more than the first three days after the operation, the orthopedic office should be called.
- b. **Wound drainage:** During the first two days a small amount of blood may stain the initial bandage, but if fluid continues to drain from the wound after the first bandage change, the office should be notified.
- c. **Excessive pain:** The medications prescribed are usually sufficient to allow a reasonable comfort level, but if this is not the case, the medication may need to be changed or the leg examined. Call if the medications prescribed seem inadequate, bearing in mind that some pain is expected.
- d. **Medication intolerance:** Any new rash, severe stomach upset, dizziness or other difficulty such as this should be reported. Stop the medicine which seems to be causing the problem.
- e. **Constipation:** This is a very common side-effect of the pain medication. It is best treated by eating lots of fruit and bran and getting off the pain medication as soon as possible.

9. Numbers to call for questions or problems:

For questions or non emergent problems call the Orthopedic office between 9 a.m. and 5 p.m. Tell the receptionist the date of your surgery and the question or problem. For emergencies or questions which must be answered after hours or on weekends, call the same number and leave a voicemail message. The doctor on call will return your call.

I have read and received a copy of the above instructions.

Signature of patient or guardian