



**RALEIGH
ORTHOPAEDIC
CLINIC**

Joseph U. Barker, MD
www.josephbarkermd.com

Knee Arthroscopy Post-Operative Instructions

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Clinical Assistant: call Pam Newsome, MA (919) 781-5600 ext 5205

Telephone Nurse: (919) 781-5600 ext 5070

Prescription Refill: (919) 781-5600 ext 5605

1. After arthroscopy the wound is covered with gauze or ace wraps. These should generally be left in place for 72 hours. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call Dr. Barker's clinical assistant Pam Newsome. The dressing should be removed and wounds covered with Band-Aids on the third day after surgery. Do not remove the paper strips or cut any of the visible suture. Reapply the ace wrap for 5-7 days to control swelling. Wounds should be kept dry until you are seen for suture removal in the clinic. Showering is allowed with plastic covering the wounds. The wound should not be submerged in a bathtub, hot tub, sauna or pool until the sutures are removed. Do not apply any ointment to the incisions.
2. Icing is very important for the first 5-7 days postoperative. While the post-op dressing is in place, icing should be continuous. Once the dressing is removed on the third day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin. Do **not** apply ice directly onto the skin.
3. Full weight bearing is advised unless otherwise instructed at the time of surgery. Crutches or a cane may be necessary to assist walking. These aids are used to help with balance but not to remove weight off the leg. Leg elevation for the first 72 hours is also encouraged to minimize swelling. Range of motion, straight leg raises, and ankle pumps (move your ankles up and down) are encouraged for the first 7 days after surgery and are to be started the evening of surgery. While exercise is important, don't over-do it. Common sense is the rule.
4. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient has dehydration (lack of urination) please call Raleigh Orthopaedics. A low-grade fever (100.5) is not uncommon in the first 24 hours but unusual beyond. Please call the doctor with any temperature over 101.0 degrees. If a spinal anesthetic was used, patients may suffer a spinal headache. Please call Rex Surgery Center should this occur and it does not resolve with naprosyn or your pain medication.
5. You should take a baby aspirin (81 mg) daily until the sutures are removed in the office. This will lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

6. Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. Most patients will be prescribed narcotic medication (i.e. vicodin, hydrocodone, norco, darvocet) as well as an anti-inflammatory (i.e. naproxen, voltaren, advil, ibuprofen). The pain medications should be taken as needed for moderate to severe pain. The anti-inflammatory medication can be taken as tolerated for the first 1-2 weeks to decrease both pain and swelling. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

7. The doctor will need to reexamine you 7-14 days after routine knee arthroscopy. Please call the office to schedule a follow-up appointment.

8. Most patients are able to drive if surgery does not involve their right leg as soon as they stop taking narcotic pain medications. Driving while under the influence of narcotic medications is dangerous and discouraged in all patients. Returning to school or work also depends on the degree of postoperative pain and the demands of your job. Pain is generally an appropriate guide.

With any further questions please call the office. I attempt to call every patient the night after surgery or the next day to personally check in with you and your family.

Thank you,

Joseph U. Barker, MD