

**SAN RAMON SURGERY CENTER
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**Postoperative Instructions
For Knee Arthroscopy Patients**

The following information, most of which has been discussed with you, is to serve as a reminder as to what you might expect after your knee has been arthroscoped

At the end of your case, and prior to the general or epidural anesthetic wearing off, additional medicine will be instilled in your knee to keep you relatively pain-free after surgery. Once the case is concluded, you will be brought back to the recovery room. After the effects of the epidural or general anesthetic have worn off, you may begin walking, weight bearing to tolerance with crutches. Please note that although you might have some discomfort, you will not harm yourself by weight bearing. We will provide instructions in crutch training as needed. You will then be able to go home, but you will need someone to drive you.

At home, you may be up or weight bearing to tolerance with your crutches. While lying down, keep your leg elevated. You will initially feel better if you ice your knee intermittently for approximately 15 minutes out of every hour while awake only. The easiest way to do this is with a two-pound bag of frozen peas or a cold pack. After 15 minutes of icing (no longer) return the peas to the freezer until it is time to ice your knee again.

As the anesthetic medicine placed in your knee wears off, you will begin to experience some discomfort. Usually the discomfort starts in the middle of the night. You will have been provided with oral medications prior to leaving the Surgery Center to ease this situation.

Here are some questions that patients frequently ask:

1. **When may I shower?** You may shower, but not bathe, approximately 24 hours following surgery. For example, if your surgery is completed early Thursday afternoon, you may shower Friday morning. Remove the outer dressings, *leaving the tapes in place*. After completing your shower, rewrap your knee.
2. **What exercises should I do and when do I start physical therapy?** Most of you have been encouraged to start straight leg raises and some form of physical therapy prior to surgery. Immediately after surgery, you may continue to do straight leg raises to tolerance and begin weight bearing to tolerance. *You may bend your knee only enough to walk or sit, but do not continuously flex and extend your knee to gain range of motion for at least 7 to 10 days, or until your knee is not swollen.*

3. **Can I go up and down stairs?** You may go up and down stairs as needed. You may bend your knee if it does not bother you, or use crutches if it does.
4. **What do I do if my knee swells?** Usually the fluid in the knee, or effusion, is absorbed by the body over three to six days. Occasionally, this fluid will need to be removed from the knee if the discomfort it causes is too intense. If it inhibits your ability to lift your leg (i.e., not being able to contract the big muscle in the front of your thigh), or if there is a question of infection, you should notify your doctor.
5. **What do you mean by infection?** Infection generally manifests itself at 48 hours or later postoperatively by a general feeling of feverishness, generally not feeling well, and a knee that is swollen and becoming progressively more rather than less painful. You should not attempt to estimate your temperature; you should use a thermometer. If there is any question, you must notify your doctor.
6. **How long before I can drive?** You can usually drive in three to four days, although the time may vary from one individual to another.
7. **How long before I go back to work?** A patient doing sedentary work can usually return to work three to four days after surgery. Active people take up to six weeks and manual labor jobs require six to twelve weeks off work.
8. **How long before I can play “my sport”?** This depends on your preoperative condition, but generally you can resume sports activities in anywhere from six to twelve weeks.
9. **When do I see you?** You will come into the office one to four days after the surgery, and as necessary thereafter.

Your physician will discuss any changes depending upon the type of surgery performed; i.e., if the meniscus is repaired.

The aforementioned information is generally applicable to everyone. Each patient might have special problems or questions which should be addressed to your physician as they arise.