

POSTOPERATIVE INSTRUCTIONS KNEE-LOOSE BODY REMOVAL

PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE HOSPITAL OR VIA PHONE TO DR BLAKE'S STAFF AFTER ARRIVING HOME

OFFICE PHONE NUMBER 605-504-1100

WOUND CARE

- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again. The ACE bandage can be laundered in normal fashion and reused.
- Remove surgical dressing 48 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.

LEAVE THE STERI-STRIP TAPE IN PLACE OVER INCISIONS UNTIL FIRST APPOINTMENT

MEDICATIONS

- Pain medication is injected into the wound and joint during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, contact the office to possibly have your pain medication changed or something additional prescribed for nausea (605-504-1100 – ask for Dr. Blake's team.)
- Common side effects of the pain medication include nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food - if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Unless you have previously been instructed to avoid aspirin products for other medical reasons, **please take one (1) 81 mg baby aspirin twice daily for 28 days** following surgery. This is to help minimize the risk of blood clot (extremely rare). As long as you have no personal history of adverse response to anti-inflammatories, use an over-the counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

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ICE THERAPY

- Begin immediately after surgery - use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed otherwise.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Blake's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

EXERCISE

- Begin exercises 3x daily beginning the day after surgery (heel slides, quad sets, ankle pumps, straight leg raises, and bending the knee) unless otherwise instructed. See attached pictures of exercises for reference. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Knee stiffness and discomfort is normal for a few days following surgery – it is safe, and, in fact, preferable to bend your knee up to 90° while lying or sitting (unless instructed otherwise).
- Do ankle pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

DIET

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet if you are not nauseated.

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****EMERGENCIES****

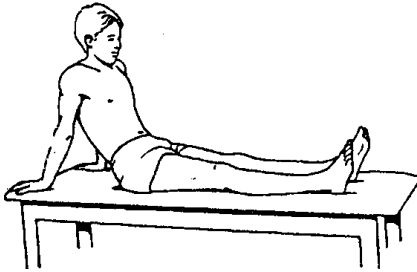
- Contact Dr. Blake's team at 605-504-1100 if any of the following are present:
- Painful swelling or numbness that progressively worsens
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low-grade fever for the first day or two following surgery) or chills
 - Redness around incisions that worsens
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES
IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM

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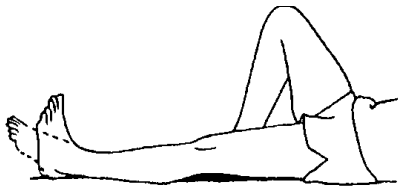
KNEE POST OPERATIVE EXERCISES

QUAD SETS



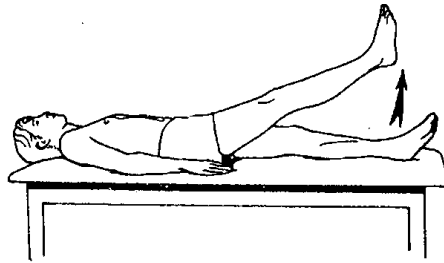
Tighten muscles on top of thigh by pushing knee down to floor or table.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day

STRAIGHT LEG RAISE



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked.
Hold 1-2 seconds. Repeat 10-15 times
Do 3 sessions per day.

LEG HANGS WITH GRAVITY



Allow leg to hang w/ gravity and bend as tolerated for 60-90 secs

Do 3x per day