



ORTHOPAEDIC
SPECIALISTS
MELBOURNE

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KNEE ARTHROSCOPY CARE OF YOUR KNEE AFTER SURGERY

SURGERY

After your surgery you will have a crepe bandage on your knee. When the bandage is removed you will see only small puncture marks made by the surgical instruments. There are no sutures to be removed. The wounds have been closed with steristrips which should be left intact until they fall off, or are removed at the post-operative visit.

Although the procedure may seem minor, the surgery inside your joint is more traumatic and must be given full opportunity to recover. Your recovery will be improved if the guidelines outlined here are followed.

On discharge, you should be provided with:

- post-operative instructions
- analgesia
- review appointment (this will normally have been made for you prior to your surgery and referenced in your information pack)
- DVD of your surgery
- Xrays

CARE OF YOUR KNEE AFTER SURGERY

Swelling and discomfort is normal after surgery. This is most apparent in the first 3 days, after which most of the discomfort should start to settle. Even if you have minimal pain or swelling in the first 3 days you should really rest and not "over do it". Unless otherwise instructed, Mr Richardson wants you to walk short distances only in the first 2 weeks.

From 2 weeks you can increase your activity to include unlimited walking, swimming and cycling.

You should not attempt a return to sport or jogging for at least 4 weeks, or until all swelling has settled.

Whilst a return to normal activities is expected and encouraged, it will often take 3 months of a graduated return to activities before you knee starts to feel "normal" again.

ICING YOUR KNEE

Ice has the effect of controlling pain and inflammation and swelling in your knee after surgery. It is most effective in the first 3 days after surgery and should be used regularly in the post-operative period.

Please have an ice pack ready at home for when you are discharged, so it can be applied immediately when you get home. Always use a thin cloth between ice and your skin (Ice can burn if left on your skin). You can use a commercial ice pack, bag of frozen vegetables or crushed ice.

For the first 3 days, ice your knee regularly during waking hours. Apply the ice for 20 minutes, and then remove for an hour before reapplying. Thereafter, apply after exercising or when the knee becomes sore or tight from swelling.

BANDAGE

You will leave hospital with a crepe bandage and padding wrapped firmly around your knee. This is designed to protect your wounds and apply pressure to stop bleeding and swelling in your knee.

This can be removed the next day, but please be careful not to remove the underlying waterproof dressings that cover your incisions. The waterproof dressings are to be left intact until your review appointment in 2 weeks. You can shower over the top of these dressings, but they are not to be soaked in a bath or pool. If they become loose they can be replaced simply with a Band-Aid.

If you experience significant bleeding from the wounds it will nearly always settle with the reapplication of the PRESSURE DRESSING, ELEVATION of the knee and application of an ICE PACK.

If at any stage you are worried, please call Mr Richardson's rooms for further advice. In an emergency situation Mr Richardson can be contacted on his mobile telephone.

CRUTCHES

Crutches are used to help rest your knee in the first few days after surgery. They are used to assist you mobilise whilst resting your knee. You do NOT have to remain non-weight bearing. You can wean yourself off the crutches as you recover your confidence and regain your muscle strength.

ANALGESIA

You will be discharged with oral analgesia to help with any pain you might experience.

It is recommended that you have a stronger pain killer the first evening, but from then on, icing, elevation and simple paracetamol will often be adequate.

Do not take the strong analgesics if you are not in a lot of pain.

If you require more than what has been supplied upon discharge then please attend to you GP for further prescriptions.

If you develop uncontrolled pain, or become unwell, then please contact Mr Richardson's rooms for more advice.

PHYSIOTHERAPY

If you plan to return to high-level activities, or you are concerned regarding your progress, it is wise to consult a Physiotherapist for appropriate rehabilitation.