

Postoperative Instructions:

Meniscus Transplant, Osteochondral Allograft, and ACL Reconstruction

● GENERAL

- Your surgery was performed through an incision at the front of your knee. It is normal to experience some sharp pain in the knee when working on moving your knee. You are not doing any damage by moving the knee and feeling this pain.

● DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated
- Take Zofran prescribed to you if you develop nausea

● WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs, or wrap your foot and ankle with an ACE wrap
- It is normal for the knee to bleed and swell following surgery – if blood soaks through the ACE bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply dry gauze over incisions and change daily – you may then shave around the wound as long as the wounds remain sealed with a large piece of gauze and tape
 - REMOVE THE ACE WRAP, GAUZE WRAP AND GAUZE. **DO NOT REMOVE THE WHITE BANDAIDS (STERISTRIPS) ACROSS THE SKIN OR ANY SUTURE MATERIAL YOU NOTICE**
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your brace starting the day after surgery – NO immersion of operative leg (i.e. bath) and no water running over the wound

● MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that they are on board before this wears off.

- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle and is given for a maximum of 6 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting, try the Zofran prescribed and contact the office to possibly have your medication changed (312-432-2440)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to provide baseline relief, reducing the overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage
- We recommend all patients take 325mg of Aspirin daily starting the day after surgery for 3 weeks to help prevent blood clots.

● ACTIVITY

- Elevate the operative leg ABOVE chest level whenever possible to decrease swelling. This involves lying completely flat with the leg elevated. The first 48 hours is a balance between mobilization (which is encourage) and elevation (to be done whenever possible).
- **DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE** (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will keep the knee straight when elevating. You will feel a pull at the back of the knee when you perform this, this is normal.
- **Heel based partial weight bearing of about 20% of body weight for 6 weeks**
- **Use the CPM machine 6-8 hours per day at 1 cycle per minute**
 - **Start at the most flexion (Bending) you can and increase 10 degrees per day if you can**
 - **Limit flexion to 90 degrees for 4 weeks**
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

● ICE THERAPY

- Begin immediately after surgery

- Use icing machine or ice (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit. Icing is a perfect time to also perform elevation.

● EXERCISE

- IMMEDIATELY AFTER SURGERY: Perform straight leg raise and ankle pumps directly after surgery. Try to do 100 of each, each day. This can be broken down into 10 sets of 10 reps
- You cannot do too many ankle pumps (another good reminder is to do them during commercials on TV)
- Discomfort and knee stiffness is normal for a few days following surgery
- Formal physical therapy (PT) will begin after your first post-operative visit and the script is provided to you the day of surgery.

● EMERGENCIES**

- Contact Dr. Yanke at 312-432-2440 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever greater than 101.5° at least 48 hours after surgery surgery) or chills
 - Redness that is spreading around incisions
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Excessive nausea/vomiting
 - Difficulty breathing/chest pain - Consider going directly to the emergency room if this is persistent
- **If you have an emergency after office hours or on the weekend, contact the same office number (312-432-2440) and you will be connected to our page service – they will contact Dr. Yanke
- ***Do NOT call the hospital or surgicenter.**
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

● FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of surgery to check on your status. Typically this will be the night of surgery
- If you have additional questions that arise at any time, feel free to email Adam.Yanke@rushortho.com
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (312-432-2440) and ask for appointment scheduling.