

Hasani Swindell, M.D.

Sports Medicine
Shoulder, Elbow & Knee Arthroscopy
Shoulder Replacement Surgery
T: 718.246.8700
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POSTOPERATIVE INSTRUCTIONS
Osteochondral Autograft Transplantation

Recovery after knee surgery entails healing, controlling swelling and discomfort, return of range of motion of the knee joint, regaining strength in the muscles around the knee joint and a gradual return to activities. The following instructions are intended as a guide to help you achieve these goals and recovery as quickly as possible after your knee surgery.

DIET

- Your first few meals after surgery should include light, easily digestible foods and plenty of liquids, since some people experience nausea as a temporary reaction to anesthesia
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto 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 a clean dressing over incisions and change daily
- 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).

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
 - **Narcotic prescriptions may be refilled up to 2 times**
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication

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- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 3 weeks following surgery take one aspirin 325mg tablet twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur

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 the foot/ankle.
- Use crutches to assist with walking – you are NOT to bear any weight on your operative leg – unless instructed otherwise by physician.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7–10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3–4 days after surgery, if pain is tolerable.

BRACE (if prescribed)

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit
- Remove brace for flexion (bending) and other exercises done in a non-weight bearing position (i. e. lying or sitting).
- If a continuous passive motion machine was prescribed, remove brace during use.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 30–45 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin. Keep some barrier (clothing, towel, dressing) between the ice and your bare skin
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

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EXERCISE

- A continuous passive motion machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day. If you have technical problems with the continuous passive motion machine, contact the provider of the CPM.
- Use the continuous passive motion machine out of the brace for 6–8 hours per day in 2 hour increments – begin at a rate of 1 cycle /minute, ranging from 0° of extension (straightening) to 40° of flexion (bending) – increase flexion by 5–10° (stay within a comfortable level) daily to a maximum of 90°
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed. (See pictures of exercises below for reference)
- Discomfort and knee stiffness is normal for a few days following surgery.
- Complete exercises 3–4 times daily until your first post-operative visit
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) may begin within 4-7 days after surgery. You may schedule this now. A physical therapy prescription is provided along with these postoperative instructions.

EMERGENCIES

- Contact Dr. Swindell’s team at 718–246–8700 if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal).
 - 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.
 - Color change in foot or ankle.
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected).
 - Difficulty breathing
 - Excessive nausea /vomiting.
 - Calf pain
 - If you have an emergency after office hours or on the weekend, contact the office at 718–246–8700 and you will be connected to our answering service.
 - If you are enrolled in Epic Connect, you can also reach the office through the patient portal

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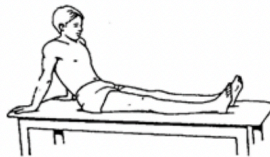
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE /QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 718-246-8700 schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- At your first post operative appointment, you will have a wound check, go over physical therapy protocols and we will answer any questions you may have about the procedure.

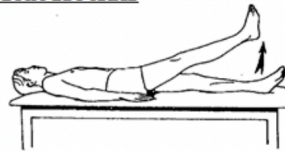
KNEE POST OPERATIVE EXERCISES

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.

STRAIGHT LEG RAISE



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knees locked.
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

LEG HANGS WITH GRAVITY



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

Do 3x per day