

Dear CU Sports Medicine Patient,

When planning for knee arthroscopy many questions arise concerning surgery, pain management, postoperative care, and rehabilitation. This document is full of important information to help you prepare for surgery and care for your knee following.

Preparing for Surgery:

- Arrange to have someone drive you to and from surgery.
- Plan to have someone stay with you the evening after surgery to aid with medications, meals, ice.
- Purchase or rent crutches for the first week following surgery (available at King Soopers, etc.)
- Plan to have ice bags available following surgery to ice your knee.
- In some cases, your surgeon may request an ice machine which you can choose to rent or purchase. If an icing device is requested for you, a representative of the company will call you prior to surgery to review associated costs and machine instructions. Due to varying insurance coverage- you are responsible for confirming or refusing the ice machine after the rep has called.
- Do not eat or drink anything past midnight the night before your surgery.
- Please let clinic staff know if you've had an adverse reaction or allergy to any medications.
- Schedule a follow-up appointment in the office 6-12 days after your surgery.
- Plan to start Physical Therapy 1-3 days following surgery. It is ideal if you have this appointment scheduled prior to your surgery date. You can attend therapy at a location of your choice. Our office is happy to make recommendations close to your home or work, if requested.

Day of Surgery:

- Do not eat or drink anything past midnight the night before your surgery.
- Arrive at the surgery center/hospital 1.5 hours before your scheduled surgery, or as directed by surgery schedulers over the phone.
- You will sign a consent for surgery and have a chance to ask any questions.
- The knee to be operated on will be marked by a member of the surgical team, please do not mark your knee before coming to surgery as this may cause confusion.
- You will receive prescriptions for pain and anti-inflammatory medications.
- An intravenous catheter (IV) will be started in your arm.
- You will receive antibiotic medication through the IV to prevent infection.
- Surgery time averages about 1 hour.
- Following surgery you will wake up in the recovery room where you will stay until your pain is controlled and you are alert enough to return home. (Usually 1-2 hours)

Knee Arthroscopy:

- Knee arthroscopy is performed through two small incisions over the front of the knee. In some cases, a larger incision may be needed to perform meniscal repairs.
- An arthroscope (small camera) is placed into the knee to visualize the structures in the knee joint (including cartilage, meniscus, and ligament structures).
- Risks of surgery: Scar, post-operative pain and stiffness, swelling, need for rehabilitation with physical therapy, risk of re-injury and need for further surgery, blood vessel or nerve damage, infection, numbness over anterior knee.

- Benefits of surgery: Decreased pain, improved function.
- Alternatives to surgery: physical therapy, activity modification, injections.

Work:

- Plan to take at least two days off of work to recover from knee arthroscopy.
- For desk jobs and jobs that require only occasional walking you may return to work as soon as you have stopped taking pain medication.
- For work that requires the use of your knee (squatting, kneeling, lifting) we recommend at least two weeks off for recovery. Your progress will be evaluated at the first post-op visit and together we will plan a timetable to return to work.
- Bring any work forms that need to be signed to your first post-op visit.
- Mild increase in swelling and/or pain may occur when returning to work or activity.

Pain:

- Expect to experience a mild to moderate degree of pain following surgery.
- Pain is typically worst in the first 2-3 days and improves significantly by one week after surgery.
- Ice is an excellent anti-inflammatory and aids in pain relief.
- Plan to ice and elevate your knee continually for the first 24 hours following surgery, then at least thirty minutes, three times per day for the first week until swelling has subsided. Always have a fabric barrier between your skin and the ice bag/machine.
- You will receive prescriptions for pain medication the day of surgery. The medications prescribed are tailored to your individual case and surgeons preference but generally include:

MEDICATION (Generic Name)	USE	HOW TO TAKE	SIDE EFFECTS
Oxycodone 5mg (OxyIR, Roxicodone)	Pain	Take 1-2 pills every 4-6 hours	Nausea, Constipation, Sedation, Itching
Naprosyn 500 mg (Naproxen)	Anti-Inflammatory	Take 1 pill every 12 hours for 10 days with food	Stomach pain, heartburn
Zofran 4 mg (Ondansetron)	Anti-Nausea	Tale 1 tab every 6 hours	

- To treat side effect of constipation, we recommend over- the-counter stool softeners (Miralax, etc.).
- If you experience a side effect of itching, we recommend taking over-the-counter Benadryl as directed on the packaging.
- Do not drive while taking sedating medications such as Oxycodone.
- If you experience a side effect of heart burn or severe stomach pain with Naproxen, stop immediately.
- Acetaminophen (Tylenol) may be taken for mild to moderate pain or in addition to Oxycodone for severe pain. Do not exceed 3000 mg in any 24 hour period.

Wound Care:

- A sterile dressing will be placed over your incisions the day of surgery.
- Leave dressing on wound for 48 hours following surgery, keeping clean and dry.
- If dressing becomes soiled, reinforced with gauze padding and tape, do not remove before 48 hours.
- After 48 hours, you may remove dressing and shower with soap and water, getting incision sites wet.
- Do not soak incisions in hot tub/pool/bath until completely healed (3 weeks after surgery).

- You may cover incision sites with band aids or a gauze pad if they rub on clothing, although this is not required.
- Signs of infection include: redness around incision site, cloudy drainage, swelling around the site, tenderness to touch, general feelings of illness (fever, chills, loss of appetite).
- Call the office immediately if signs of infection are present.

Rehabilitation:

- Physical Therapy (PT) is an essential component to a full, successful recovery.
- Unless instructed otherwise in post-operative discharge information, you may begin to walk as soon as you can bear weight without pain.
- Follow the RICE protocol until knee swelling is completely resolved: **Rest**, **Ice**, **Compression**, **Elevation**
- Your first goal following surgery is to get your knee straight (full extension). To achieve this goal, place a pillow under your ankle rather than your knee when resting.
- Full recovery time ranges from 3-6 weeks.
- Bring your black CU Sports Medicine folder (given day of surgery) to first PT visit.

Follow-Up Visits:

- Bring your black CU Sports Medicine folder to your first post-op visit in the surgeon's office.
- At the first follow-up visit you can expect:
 - To review the surgery performed (with photos from surgery)
 - Stitches will be removed
 - o Evaluation for infection and blood clot
 - Review pain control and rehabilitation
 - o Review restrictions and plan to return to activity.

KNEE ARTHROSCOPY PRE-OP CHECKLIST:

Arrange for ride to/from surgery.

Arrange for someone to stay with you the night of surgery.

Schedule a follow-up visit 6-12 days after surgery in the surgeons office, 303-315-9900

Schedule a physical therapy visit 1-3 days following surgery at the location of your choice.

Arrange to take at least 1-2 days off from work for desk jobs, longer for jobs using the knee.

Bring any work-leave paperwork to the day of surgery or to your first post-op visit.

Plan to have lots of ice easily available after surgery to fill ice bags or ice machine.

Rent crutches for use following surgery (Leave in car the day of your surgery).

Please contact the office with any questions:

CU Sports Medicine-Boulder
2150 Stadium Drive, Level 2
Boulder, CO 80309
Boulder, CO 80309
Boulder, CO 80309
Denver, CO 80222
303-315-9900 office phone
UCHealth-Steadman Hawkins
175 Inverness Dr W, Suite 200
Denver, CO 80222
303-694-3333 office phone

303-315-9992fax