

**DR. DAVID R. LIONBERGER**  
**6560 FANNIN, STE 1016 ~ HOUSTON, TX 77030**  
**TEL: (713) 333-4100 FAX: (713) 333-4101**

## **ARTHROSCOPIC KNEE SURGERY** **PRE AND POST OPERATIVE GUIDELINES**

### **GENERAL INSTRUCTIONS:**

- Maintain elevation of the knee, ideally higher than the level of the heart, for purposes of pain, swelling, and eventual ease in rehabilitation.
- Ice maintained on the knee in the form of ice bags applied over the dressing will aid in pain relief and swelling. Excellent pain relief can be achieved by applying ice bags for 10 minute intervals, separated by 5 minutes, for three repetitions. This can be repeated every 6-8 hours for convenience during sleep and daytime activities.
- It is normal to see some initial drainage. This is a result of the irrigation used for purposes of cleaning the joint. Drainage normally ceases within the first 24 hours.

### **MEDICATIONS:**

- All medications for pain, sleep-aid and nausea have been supplied in your pre-operative packet. If you have allergies to any of these, please call the office for a substitute. Most patients benefit from sound sleep around the time of surgery and Ambien is prescribed to ensure sleep both before and after surgery and will not be refilled.
- Pain relievers are best used on a regular basis rather than when the pain becomes so intense that one can't stand it. The pain usually subsides in the first 2-3 days. At this point, pain medication is not needed regularly and may be used for purposes of comfort when resting or after exercise.
- Pain medication should always be taken with food to decrease the possibility of nausea. Should nausea occur, Zofran or a similar medication can be used to help eliminate this condition.
- All medication refills **MUST** be FAXED into the office between 8AM and 5PM Monday through Friday. Medication **CANNOT** be refilled on the weekend or after hours.
- Resume all out-patient medications previously taken unless told differently

### **WOUND CARE:**

- The first dressing change should be on the (2<sup>nd</sup> postoperative day) unless otherwise instructed by the office. Remove all of the external dressing, including the cotton wrapping, Xeroform and pads. Xerofoam is the yellow material which prevents scarring and provides a sterile environment for healing.
- Steri-strips are the small pieces of tape that are applied over the wound to prevent scarring and provide a sterile environment for healing. **DO NOT REMOVE THE STERI-STRIPS FOR TEN DAYS**
- Clean wound daily with hydrogen peroxide and apply dry dressing.
- If any drainage occurs that appears yellowish, odorous or puss-like or if pain seems to be more intense rather than less intense in the 2-3 days following surgery, **PLEASE CALL 713-333-4100**

### **SHOWERING:**

- Keep the wound dry for five days. If it accidentally becomes wet, clean with hydrogen peroxide and apply a dry dressing.

### **CRUTCHES OR WALKER:**

- These devices are used to allow the operated knee to recover without becoming irritated. Do not try to get off of these aides at the expense of limping.
- Gradually apply more weight to the extremity to make a smooth transition back to normal walking. If instructions were given for weight bearing precautions, follow these post-operative guidelines before attempting to get off crutches.
- Most patients find they can abandon the crutches on the 1st to 2nd post operative day.

### **REHABILITATION:**

- Exercises taught by nursing staff at the surgery center should begin within 24 hours of surgery.
- Straight Leg Raise: Leg lifts with the knee straight should be done by lifting your leg 12" off the floor for 5 seconds. This is done in an effort to maintain strength of the quadriceps muscle, the front muscle of the thigh.
- Quad Set Strengthening: These are performed by tightening the front muscle of the thigh for 5 seconds. In this contraction you cause the knee cap to move toward the hip.
- Hamstring Exercises: These can be made by either heel drags and bending the knee backwards or by providing resistance of the opposite leg against the operated leg. This works the muscles behind the knee, called the hamstring muscles.

**These exercises should be done daily with 20 repetitions of each group.**

- Equipment Assisted Exercises: Bicycle exercises are ideally performed with a toe clip or shoe stirrup, which allows the unoperated leg to help propel the operated leg. This also works the hamstring muscles as well as the quadriceps, thereby creating a complete coverage of the muscles above the knee. An exercise bicycle should initially be set with no resistance. As full range of motion is regained in the knee joint, resistance can gradually be applied. Begin with 5 minutes on post operative day #2 and increase by 5 minutes per day until 20 minutes are achieved. It is not unusual to see slightly increased swelling after this exercise. Should this persist, worsen or become painful, **NOTIFY THE OFFICE.**

### **FOLLOW-UP CARE:**

- A post-operative follow up visit is suggested at 3-5 weeks following surgery. Call 713-333-4100 to schedule an appointment with my Physician Assistant.  
Take Aspirin 325mg twice per day for 6 weeks following your surgery unless otherwise instructed.
- If exercises and wound care healing have occurred to the satisfaction of patient, a follow-up visit is suggested at 6 weeks with Dr. Lionberger.
- Driving may resume as soon as partial weight bearing is allowed (1/2 body weight). If still using crutches or sedative medications, driving is not allowed.
- Most patients can return to desk jobs within one week and to more strenuous duties in one month. Specific limits may be necessary depending on the job.
- Walking is to be avoided unless told to do so.
- Should increase pain be experienced following ambulation or during ambulation  
**CALL THE OFFICE** for further instruction.

**SHOULD YOU HAVE ANY QUESTIONS CONCERNING THESE INSTRUCTIONS OR HAVE OTHER CONCERNS, PLEASE CALL 713-333-4100.**