



Post Operative Instructions:

1. Medications: Two medications have been prescribed for you to make you more comfortable, and decrease the swelling in the knee following surgery.

a. A pain medicine (narcotic):

This is usually either Darvocet (Propoxyphene) or Vicodin (hydrocodone) depending on which pain medicines have been used before and what has been known to be effective for you. These pills should be taken only as needed for severe pain and only when pain is present. They do not aide in the healing of the knee but are used to "Take the edge off" of the pain. Do not take more than two every four hours and do not mix with alcohol. As the pain lessens, decrease the number of pills that you are taking, stopping them as soon as the pain is at a tolerable level without the pills.

b. An anti-inflammatory medicine:

Usually this will be either Voltaren (diclofenac) or Naprosyn (naproxen). The purpose of these pills is to aide in reducing the swelling that naturally occurs following surgery and to allow easier bending of the knee after the surgery. These medicines have the added benefit that they are helpful in reducing the pain, but they should be taken on a regular basis whether pain is present or not. Because stomach upset may occur, it is best to take them after eating something and not on an empty stomach. If significant stomach upset occurs, stop taking the medication; it is an aide, but not a necessity.

2. Bandages:

A large bandage has been placed on the shoulder because there is a normal amount of leakage of bloody fluid after surgery. Don't be concerned that this is such a large bandage, there are usually only two or three small puncture wounds used. This bandage should be kept in place until the second day after the operation. If some bleeding occurs through the bandage, do not be alarmed, this is very common and does not mean that there is a problem. Additional bandage materials may be wrapped on the outside of this bandage to prevent soiling of clothing. You may remove the bandage **on the second day after the operation**. When you change the bandage, you will see several small paper tapes like butterfly stitches. Cover these with Band-Aids and keep them dry. If you have any difficulty removing the bandage or you wish to have it removed in the orthopedic office, call for an appointment and we will do it for you.



3. Bathing:

The stitches must be kept dry. For the first two days after the operation, sponge baths are usually easiest. Use of a bathtub is OK if you are able to keep the bandages dry by keeping the operated shoulder out of the tub. Showering is better saved until after the first bandage change and will require that the surgical incision site be kept dry by sealing it off with tape and plastic. **It is very important the the incision not be allowed to become wet as this may cause an infection.**

4. Activity:

The first two days after the surgery are the most painful and the most important in keeping the swelling down. During this time you should spend as much time as possible resting. Keep your arm in a sling most of the time, but you may take it out at any time for comfort.

5. Exercises:

Most patients are anxious to begin exercises as soon as possible after the surgery in order to prevent atrophy (weakening) of the muscles and keep the shoulder from getting stiff. Early exercises are also often helpful in "getting the ache out" of the shoulder. You will be starting physical therapy in the week following the surgery, but there are some exercises you may start **if** you wish.

Range of motion exercises:

- a. Work on very slowly lifting your arm overhead as far as it will let you go and then slowly lowering it while lying down.
- b. Lean forward with your un-operated arm supporting you against a table and let your operated arm hang down in front of you. Then gently move your operated arm in circles as it hangs.

You cannot damage your shoulder by moving it, but because of the fluid in the shoulder, it will feel tight and will probably not allow you to fully lift it at first. As the fluid is resorbed by the body and the swelling decreases, the moving will become easier.

6. Diet:

You may resume eating your usual diet after surgery, but it is best to begin slowly with liquids and then some solid food before eating anything very big. It is common to have some nausea or loss of appetite during the first day after the operation because of the anesthetic. There are no special foods or diet supplements that have been shown to speed healing after surgery, so the best guidelines to follow are to eat as many green leafy vegetables and fruit as possible and avoid greasy or high fat content foods.



7. Things to watch for:

- a. Fever:** It is very common to run a low grade fever (<101) during the first two days after the operation and this is not a problem. If your temperature goes higher than 101 or stays higher than 100.5 for more than the first three days after the operation, the orthopedic office should be called.
- b. Wound drainage:** During the first two days a small amount of blood may stain the initial bandage, but if fluid continues to drain from the wound after the first bandage change, the office should be notified.
- c. Excessive pain:** The medications prescribed are usually sufficient to allow a reasonable comfort level, but if this is not the case, the medication may need to be changed or the leg examined. Call if the medications prescribed seem inadequate, bearing in mind that some pain is expected.
- d. Medication intolerance:** Any new rash, severe stomach upset, dizziness or other difficulty such as this should be reported. Stop the medicine which seems to be causing the problem.
- e. Constipation:** This is a very common side-effect of the pain medication. It is best treated by eating lots of fruit and bran and getting off the pain medication as soon as possible.

8. Numbers to call for questions or problems:

For questions or non emergent problems call the Orthopedic office between 9 a.m. and 5 p.m. Tell the receptionist the date of your surgery and the question or problem. For emergencies or questions which must be answered after hours or on weekends, call the same number and leave a voicemail message. The doctor on call will return your call.

I have read and received a copy of the above instructions.

Signature of patient or guardian