



After Knee Arthroscopy

Jack Goldstein, M.D.

Following knee arthroscopy, I would like you to know what precautions you should take, and what to expect. This information sheet has been written to be broad enough to cover several situations, but details of each may vary slightly depending on what surgery was performed.

1) Pain Medication: In general, arthroscopy is relatively non-invasive. This means that the discomfort you have after surgery will tend to be far less than if the same surgery was performed with an open incision. In addition, the time to full recovery is generally more rapid when surgery is performed with arthroscopic techniques. This does not mean that the procedure will be totally painless. To aid in pain relief, the joint is injected with analgesic and narcotic which lasts a few hours. With larger procedures such as Ligament Reconstruction, a nerve block is also used to improve comfort. Pain is minimized when there is little immediately after surgery. Patients usually take mild narcotics for the first week or two. After the first few days these should be used sparingly. This improves the effectiveness, and ensures that you will not become insensitive to the medicine. Usually, after the first week, no pain medicine is required except at night to aid with sleep.

When simple arthroscopy has been performed, only small puncture sites are present, and your dressing may be removed after one or two days. Band-Aids can be reapplied.

2) Showering: may occur on the fourth day after surgery. Prior to this, wash around the incision sites. When you shower, do not scrub the incisions. Let the water runoff, and blot the skin dry, then reapply BandAids. When you come to the office, your sutures will be removed, Steri-strips will be applied as reinforcement, and then you can treat the area without special consideration. Do not soak in a bath, pool or ocean until one week after your stitches are removed. If you have a longer incision such as a meniscal repair of the knee, the incision should be kept dry and clean until your sutures are removed. Only then should the incision site be washed or showered.

3) Swelling: A long compressive hose (TED hose) should be left on until the swelling has ceased to be a problem in the lower extremity. The hose is not required at night because the leg is elevated to chest level in this position. The more you walk or stand, however, the more you will find the TED Hose helpful for comfort. Motion and positioning of the extremity is important to early return to normal function. In the knee, it is important to place a rolled towel beneath your ankle to maintain extension. 4) Do not place a pillow behind your knee while you sleep. This will encourage the knee to become stuck in a flexed position, and may be difficult to overcome. Rapid return of motion is generally the best choice when joint surgery has been performed. This should be supervised by a Physical Therapist when ligament or tendon reconstruction or meniscal repair have been

performed. For simple arthroscopy, therapy is generally not necessary. 5) Contact me: If you have increasing pain, fever above 101.5, or drainage.

Compliments of: Sports Medicine and Orthopaedics
400 Massasoit Ave, Suite 200 East Providence, RI 401-383-7753
www.sportsmedcenter.com

