



Brian Grawe, M.D.
University of Cincinnati
Medical Center
PO Box 670212
Cincinnati, OH 45267
513-475-8690

IMMEDIATE POST-OPERATIVE INSTRUCTIONS – KNEE ARTHROSCOPY WITH RECONSTRUCTION

FOLLOW-UP

- Please call the office to schedule a follow-up appointment for your suture removal, 10-14 days post-operatively. 513-475-7932 (Becca)
- At your first post-operative visit, Dr. Grawe will go over your surgery and outline your rehabilitation.

WOUND CARE

- You may remove the Operative Dressing on Post-Op Day #2-3
- KEEP THE INCISIONS CLEAN AND DRY.
- Apply Band-Aids to the wounds. Change the Band-Aids daily. Do not remove the Steri-strips. Please do not use Bacitracin or other ointments under the bandage.
- An ACE wrap may be used to help control swelling. Do not wrap the ACE too tight. You may be given a stockinette to place over your wound and under the brace – this is to help alleviate sweating under the brace.
- There may be a small amount of bleeding and/or fluid leaking at the surgical site. This is normal. The knee is filled with fluid during surgery, sometimes causing leakage for 24-48 hours. You may change or reinforce the bandage as needed. Bruising around the thigh and calf are also very common and expected after surgery.
- Use Ice or the Cryocuff as often as possible for the first 3-4 days, then as needed for pain relief. Do not wrap the Ace too thickly or the ice/Cryocuff cold may not penetrate.
- There will actually be more swelling on days 1-3 than you had the day of surgery. This is normal. The swelling is decreased by using Ice or the Cryocuff. The swelling will make it more difficult to bend your knee, but once the swelling goes down, it will become easier to bend your knee.
- You may shower on Post-Op Day #3 using a water-tight plastic bag over your knee. It is ok to remove the brace for showering purposes and use your toes on the operated leg for balance purposes. **DO NOT GET THE WOUND WET.** You may gently wash around in incision with a washcloth, then gently pat the area dry. Do not soak the knee in water. Do not go swimming in a pool, lake, or the ocean until 3 weeks after surgery.

BRACE / AMBULATION

- Your leg will be placed in the brace postoperatively. You will need to wear this brace at all times, except during wound care and showering. It should be locked in full extension (0 degrees) until your first postoperative visit.
- You will only be ambulating with full weight bearing unless otherwise instructed. You must use your crutches.

POST-OP

- PERCOCET, a strong narcotic, is to be used only on an "as needed" basis for pain. You may also need to take a non-prescription stool softener (Peri-Colace, Senekot) as the narcotic medications can potentially cause constipation.



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- Also enclosed is a prescription strength anti-inflammatory (Naprosyn) and a medicine to counteract nausea (Zofran)
- If you have any adverse effects with the medications, please call our office.
- If you develop a Fever (101.5 or greater), redness or excessive drainage from the surgical incision site, please call our office to arrange for an evaluation.
- You may experience some low back pain due to muscle spasm from the positioning during surgery. If so, apply heating pad to area and take an analgesic if you have not already done so.

EXERCISES

- Please do these exercises 2-3 times daily.
- The brace should be worn at all times for:
 - Walking
 - Sleeping
 - Straight Leg Raises
 -
- Below are some exercises you can do on your own safely:
 - Towel roll under heel
 - Straight Leg Raises (in brace)
 - Active Flexion (bending) / Passive Extension (straightening) – the brace can be taken off for these.
 - Meaning it is ok to bend your leg, but use the aid of your other leg behind your calf to straighten out
 - the leg you had surgery on
- Goals include:
 - Walking with the knee in extension
 - Ability to lock and unlock the Brace
 - □Obtaining full extension
 - Range of Motion: 0-90 degrees
 - Full weight-bearing by 2 weeks postoperatively
 - **DO NOT TRY TO ACTIVELY STRAIGHTEN YOUR OPERATED LEG WITHOUT THE BRACE.**
- You will not begin a formal Physical Therapy program until you have seen Dr. Grawe at your first post-operative visit. You will then be given a prescription for you Physical therapy rehabilitation. You will be attending PT approximately 3 times per week for 6 - 7 months post-operatively.

DRIVING

- If your Right Knee is the operative side, you **MAY NOT DRIVE FOR 6 WEEKS**. It is important to regain adequate Quadriceps control before operating a motor vehicle.
- If your Left Knee is the operative side and you drive an Automatic Transmission vehicle, you may drive a few days **AFTER** you finish taking your pain medication. It is important that you feel very confident in your ability to respond efficiently before attempting to drive.



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**POST-OPERATIVE INSTRUCTIONS – ACL RECONSTRUCTION
GENERAL GUIDELINES for PHYSICAL THERAPY and RETURN TO ACTIVITIES**

- First 12-14 days: Crutches, weight bearing as tolerated
- 2 – 3 weeks: Walking Full weight-bearing
- 4 weeks: Unlock brace from 0-40 degrees for walking. Remove brace to sleep. May shower without brace.
- 6 weeks: Brace discontinued.
- 4 months: Begin running if sufficient range of motion and Quadriceps strength.
- 5 – 6 months: Return to racquet sports. Sport brace may be used for sports.
- 7 months: Return to contact sports.
- Discharge from Physical Therapy:
 - >90% range of motion
 - >90% Quadriceps strength
 - 100% Hamstring strength

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE. Becca Richter @ 513-475-7932. If your problem is an emergency you must go to the hospital or call 911.