

Ph: 313-749-0370 Fax: 313-447-2234

# **Dr. Sarmast Post-Operative Instructions (Knee Arthroscopy)**

You have just undergone surgery and are now on your way to recovery! To minimize the pain and discomfort of surgery, please review the instructions listed below:

## **Swelling**

Swelling is natural after surgery for the first few weeks. Reducing swelling helps speed recovery and will lessen your pain. Icing is very important in the initial post-operative period and should begin immediately after surgery.

Use icing machine continuously or ice packs (if machine not prescribed) for 30-45 minutes every 2 hours daily until your first post-operative visit

Care should be taken with icing to avoid frostbite to the skin.

### **Wound Care**

The postoperative dressing/splint should be left intact for 3 days. Sponge bathing is ok but be sure not to get your dressing wet. After three days, the dressing may be removed and you may start to use a band-aid or gauze with tape to cover the incision. **Wipe incision twice daily with alcohol wipe after dressing is removed.** 

It is normal for the knee to swell following surgery. If blood soaks onto the bandage, do not become alarmed, reinforce with additional dressing, and call our office for further instruction.

Please do not place any ointments lotions or creams directly over the incisions.

You may begin showers 3 days after surgery. Let warm soapy water run over your knee, do not soak or scrub.

NO immersion in a bath until given approval by our office.

Avoid direct exposure of the scar to sunlight for 1 year after surgery and use high SPF sunblock if necessary.

Please use the wound care smart kit mailed to your house as directed by your physician.

#### **Activities**

Do not make important decisions in the next 24 hours while anesthesia continues to wear off.

You are to utilize crutches while weight bearing for 1 week following surgery.

When sleeping or resting, be sure to keep your knee elevated above the heart.

Do not engage in activities which increase pain/swelling.

Avoid long periods of sitting or long distance traveling for 2 weeks.

NO driving, operating machinery or alcohol consumption while taking narcotic pain medications. NO driving while still using sling.

May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable, unless otherwise discussed with Dr. Sarmast.

It is encouraged to move your legs and prevent stiffness.

Start walking as soon as possible, as this helps decrease the chance of blood clots.

#### **Medications**

**Pain medications** have been prescribed. Please take them as directed. Pain medications can often cause nausea, constipation and itching. Do not drink alcohol, drive or make important decisions while taking narcotic pain medications.

Your prescription is
Take over the counter tylenol (acetaminophen) as directed on packaging, unless you have pre-existing liver problems or allergy to this medication.
Take anti inflammatories as tolerated. over the counter Ibuprofen/motrin/NSAIDs unless you have history of stomach pain, ulcers, or GI bleeding. You may take 600 mg every 8 hours as needed for pain. (Do not use in case of broken bones/fractures). Do NOT take or combine these medications if Dr. Sarmast has already prescribed you an anti-inflammatory such as Naprosyn, Meloxicam, or Ibuprofen.
Take Asprin 325mg daily for 2 weeks. This is to prevent blood clots.

Pain medications may cause constipation. Please take stool softeners found over the

<b>counter as directed.</b> These include Docusate/Colace, Miralax, and Senna. Ask your pharmacist for more information.			
Diet			
Begin with liquids and light foods, such as crackers and clear liquids. Advance to your normal diet once liquids and lighter foods are well tolerated.			
Therapy			
Dr. Sarmast will discuss physical therapy (PT) with you at your first postoperative visit. No motion of the operative shoulder until that time.			
Follow-up:			
Please call Dr. Sarmast's Office (be seen on or 1		appointment to	
If you have any fevers (temperate excessive warmth or pain, cool d continuous bleeding, please call	ligits, numbness or tingling, u		
I have read and understand the	e above discharge instruction	ıs:	
Patient or Representative Signature	Nurse Signature	Date	