

Knee Arthroscopy

Arthroscopic surgery of the knee allows the surgeon to examine and treat numerous conditions involving the knee joint, through truly minimal incisions, allowing a prompt recovery for the patient and usually quick resumption of normal activities. However, knee arthroscopy nonetheless is real surgery, with real risks, and certain measures after surgery will promote better healing with fewer complications.

1. As soon as you awaken, beginning ankle pumps and straight leg raises is very helpful. There is no predetermined number of leg lifts or ankle pumps that you need to do, but my advice is to do them frequently.
2. Activity on the day of surgery and the day after surgery should be limited. You may walk to the bathroom or bedroom or kitchen, with or without crutches or a walker, depending on your comfort and safety level, but when you are not doing that basic walking, please lie on a couch or in bed or in a recliner and keep your leg elevated, while doing your ankle pumps and leg lifts. An ice bag on the knee for 20 or 30 minutes, three or four times a day on the day of surgery, and the next day, can be very helpful.
3. On the second day after surgery, the Ace wrap or TED hose and bandages come off, the puncture holes may or may not have sutures, and you may take a quick shower (do not soak the knee in a bathtub nor a hot tub). Then apply Band-Aids as necessary.
4. On that second day after surgery, you may begin a little more walking, and some easy knee flexion and extension exercises, and continue the ankle pumps and leg lifts, and generally start doing more and more activities, as pain and swelling permit, taking care to advance your activity level slowly and gradually.
5. On the first day or second day after surgery, please call the office to schedule a followup visit, at which time I will examine you looking for any problems such as blood clots or infection (exceedingly rare), to discuss the findings at surgery and review your operative photographs with you, and to recommend further treatment (physical therapy is occasionally necessary, in perhaps 5% or 10% of patients, and always available if you prefer it).
6. I will prescribe narcotic pain medication for you at the time of surgery, and give you a written prescription. Many patients never fill this prescription as they do not feel the need for narcotic pain medication, and get by with oral anti-inflammatories such as Motrin or Advil or Aleve, and/or Tylenol. Whether or not you need pain medication is of course up to you.
7. Please feel free to call the office at 314-576-7013 for any questions, or the exchange after hours for any emergency questions at 314-388-5225.