

Knee Arthroscopy

Updated March 2020

CRUTCHES AND WEIGHT-BEARING:

- Crutches should be used for assistance while learning to walk in the normal "heel-toe" pattern. Once you can walk normally you may discontinue crutch use, typically by 2 weeks.
- You are allowed to fully weight bear as tolerated unless instructed otherwise.

WOUND CARE:

Bandages:

- If you find that the dressing is too tight, you may unwrap the tensor bandage and rewrap it looser.
- On post op day 5 you can remove your dressing. Leave white strips in place, if you have them.

Shower:

- You may shower at post-op day 5 once your bandages are off. Do not cover incision.
- Keep incision out of direct spray of the water, and pat dry.
- Keep white strips on your incision. They may fall off in the shower.
- **NO soaking in bathtub/hot tub or pool for first 2-3 weeks and all scabs are gone from the incision.**

SIGNS AND SYMPTOMS OF INFECTION:

- Excessive or worsening pain, increased redness around the incision sites, drainage from incisions that looks like pus and/or is foul smelling, if fever runs above 38.5°C.
- If any of the above symptoms occur call Healthlink at 8-1-1 or go to the emergency department right away.

CONTROL OF PAIN AND SWELLING:

Pain Medication:

- For the first few days take your pain medication and anti-inflammatories regularly as instructed, then wean as tolerated. Avoid taking pain medications on an empty stomach, as it can make you nauseated.

Cold Therapy:

- If you have a cold therapy machine, use it as much as possible.
- If you don't have a cold therapy machine, you can remove outer bandage to ice for 20-30 minutes, at least four times for several days. Use ice more frequently as needed. It will help in reducing pain. Avoid placing ice directly on bare skin to prevent frostbite. Have a 30-minute break between sessions

Elevation:

- Keep leg elevated above the level of your heart as often as possible with a pillow under your calf, NOT under the knee.

PREVENTING BLOOD CLOTS

- Make sure you get up and walk around as much as possible; mobilizing prevents clots.
- Take the blood thinner your surgeon prescribed.

Signs and Symptoms of Blood Clots:

- Severe and worsening pain and swelling in the calf muscle.
- Chest pain and/or shortness of breath.
- If any of the above symptoms occur call Health Link at 8-1-1 or go to the emergency department right away.
- **Blood clots, if left untreated, have the potential to become LIFE THREATENING.**

DRIVING:

- You may return to driving a vehicle (non-commercial) when you are no longer affected by pain, under the influence of pain medications, able to **fully weight bear on right leg for automatic transmission and both**

right and left legs for standard transmission, and you must also be confident that you can react appropriately in an emergency.

FLYING:

- Avoid flying within 4 weeks of surgery as it increases your risk of developing a blood clot.

Due to the anesthetic, for the next 24 hours: Do NOT drive, sign legal documents, provide child care on your own or consume alcohol.

EXPECTED RECOVERY:

- Back to sedentary duties by 2-6 weeks post-op
- Back to sports, labour duties at work by 3-6 months post op

PHYSICAL THERAPY:

- You will see a physiotherapist at your 2 weeks post-op follow-up appointment.

Physical Therapy Goals:

1. Reduce inflammation and swelling
2. Range of motion: Full hyperextension to 90 degrees of flexion by the end of 3rd week
3. Quadriceps muscle activation
4. Gait retraining

POST OPERATIVE KNEE EXERCISES (MAY START 1ST DAY AFTER SURGERY):

1. Ankle pumps
2. Knee range of motion:
 - a. Flexion: Slide heel along bed toward buttock while lying on back. Use other leg to help if needed.
 - b. Extension: Place a roll beneath ankle to passively stretch knee into extension. Low load, long duration.
3. Quadriceps contraction with knee straight and leg supported
4. Straight leg raises
5. Hip adduction – ball or pillow squeezes between knees
6. Calf stretches – sitting with knee straight, pull back on toes and foot with a towel or belt

Perform all exercises 2-3 times per day on both legs as tolerated.

- Other ROM exercises as tolerated (heel slides on wall; passive flexion in sitting using other leg to push, gentle contract-relax knee flexion and extension).
- Stationary bike
- Normalizing gait with and without crutches