



Initial Postoperative Instructions for Knee Arthroscopy

Dr. Mia S. Hagen

Medication: You will receive the following prescriptions:

- Norco – this is a narcotic combined with Tylenol. The narcotic can have side effects such as constipation, nausea, vomiting, itchy rash, and it can make your head feel full/lightheaded/weird. Do not take with alcohol or additional Tylenol as it can put you at risk of liver damage. You can take 1-2 pills every 4 hours as needed for pain.
- Naproxen – this is an anti-inflammatory. You will take a prescription-strength dose of this for 10 days and then you can taper. Take with food and do not continue taking if it causes pain in your stomach. You will take this twice a day.
- Colace – this prevents constipation caused by Percocet. You can take this twice a day.
- Zofran – this is to prevent nausea/vomiting caused by Percocet. Also taking the Percocet with food can help. You can take one pill every 6 or 8 hours.
- If you experience itchiness you can take over-the-counter Benadryl. You can take one 25 mg tablet every 6 or 8 hours.
- If you are at an increased risk of blood clots you will likely receive a 2-week prescription of low-dose Aspirin, one pill taken daily.

Dressing:

- You may remove your dressing after 48 hours. It is normal to see bloody bandages when you take off the dressing.
- Leave the tape strips (“Steri-Strips”) over your incisions. Do not remove. They will stay on for 1-2 weeks and slowly peel off. You can apply gauze or Band-aids over the wounds, make sure you change them daily.
- You may shower and let the water run over your incisions (and white tape strips) 48 hours after your surgery. Do not scrub the incisions. Gently pat dry. Do not soak the incisions in a bath, hot tub, or pool until at least 3 weeks after surgery.
- Your stitches are absorbable and will not need to be removed.
- **DO NOT APPLY LOTION/OINTMENT TO YOUR INCISION.**
- You will be given thigh-high compression stockings after surgery. These are to reduce the risk of blood clots. They also decrease swelling in your feet after surgery. You should wear these at all times for the first 2 weeks after surgery. You may take them off to sleep, shower or to clean them (hand wash then air dry). Alternatively you can use an ace wrap.

Weight bearing & activities:

- For the first 24 hours after surgery you should use crutches and try not to put any weight on your leg. After 24 hours you can progressively put more weight on your leg with the crutches. Your therapist will help you get off of the crutches when you are ready.

- **Meniscus repair:** you must stay **non-weight bearing with brace and crutches**. Keep the brace locked in extension when ambulating. You will wear the brace for 6 weeks. You may remove it for showering.
- Rest and elevate your leg (above the level of your heart if possible) for the first 24 hours by placing a pillow under your calf and/or ankle.
- Do NOT place a pillow under your knee as it will keep you from straightening your knee.
- **IT IS VERY IMPORTANT TO GET YOUR LEG AS STRAIGHT AS POSSIBLE AS SOON AS POSSIBLE.**
- **Start physical therapy (PT) within the few days after surgery.** Please give the “Post-Operative Knee Scope Rehabilitation” guidelines (pages 5-7 of this packet) to your PT.

Ice/Ice Cooling Unit:

- Icing will help a lot with pain.
- Ice up to 20 minutes every hour. Use routinely for the first 2 days. Then you can taper to at least 3 times per day for 2 weeks, and then as needed after that.
- Do not put ice in direct contact with skin. If you have an ice cooling unit, do not place the pad in direct contact with skin.
- Do not wear ice or cooling unit when you are sleeping – it can burn your skin and lead to serious injury.

Follow-up: You will be seen by Travis, our physician assistant at 1-2 weeks after surgery for a wound check and removal or trimming of stitches. You will be seen by Dr. Hagen at 4-6 weeks after surgery. Timing and length of additional follow-ups will be determined by your progress.

Crutch Use

To walk with crutches:

- Pull crutches under your arms and press them into your ribs
- Move the crutches ahead of you 6-12 inches
- Push down on the handgrips as you step up to or slightly past your crutches
- Make sure to bear weight on your hands, not under your arms
- Check your balance before you continue

To sit down in a chair:

- Back into the chair until you feel it on your legs
- Put both crutches in your hand on the affected side, reach back for the chair with the other hand
- Lower yourself into the chair

To get up from the chair:

- Hold both crutches on your affected side
- Slide to the edge of the chair
- Push down on the arm of the chair on the good side
- Stand up and check your balance

- Put crutches under your arms, pressing crutches into ribs

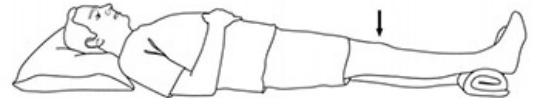
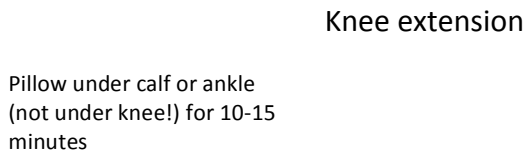
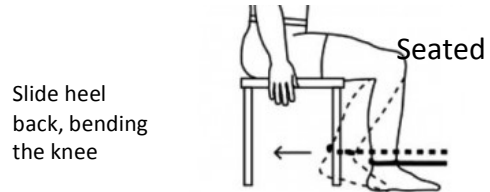
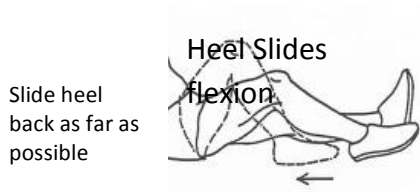
Going upstairs:

- Start close to the bottom step, and push down through your hands
- Step up to the first step, remember to good foot goes up first!
- Next, step up to the same step with the other foot, making sure to keep the crutches with your affect leg
- Check your balance before you proceed to the next step
- Make sure someone is there if you need it

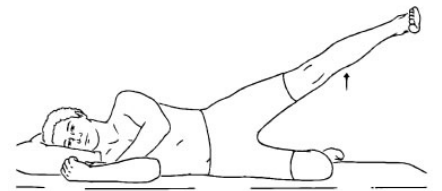
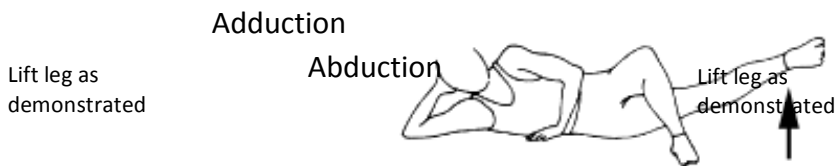
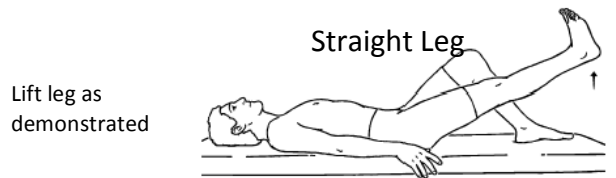
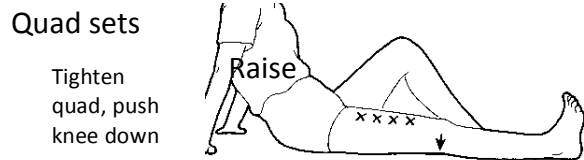
Going downstairs:

- Start at the edge of the step, keeping your hips beneath you.
- Slowly bring the crutches with your affected limb down to the next step (the operative leg goes down first!)
- Be sure to bend at the hips and knees to prevent leaning too far forward, which could cause you to fall
- Make sure someone is there if you need it

Initial Postoperative Exercises to help you achieve your motion:



Initial Postoperative Exercises to help your leg strength:



Initial Postoperative Exercises to help prevent blood clots:



Ankle Pumps

Pump ankle up
and down

After Surgery, Call the Clinic if you have...

- A fever higher than 101° (38.3° C)
- Changes in your incision:
 - Opening
 - Drainage
 - Redness
- Numbness, tingling, or loss of function of your leg.
- Increased pain in the knee that is not helped by your medications.
- Increased pain or swelling in your calf.
- Nausea or other side effect not controlled by the medications you are given.
- Any symptom you do not fully understand.
- Number to call **during business hours** (8 am – 5 pm, M-F, excluding holidays):
 - **(206) 598-3294**. Wait for **Option 8** and ask to speak to a nurse.
- Number to call **after hours**:
 - **(206) 598-6190**. You should receive a call back within 30 minutes. If not, call again.
- **Please do not hesitate to call us if you have any questions or concerns!!**

**Call 9-1-1 immediately
if you have:**

- Chest pain
- Shortness of breath

Prescription Refills: Call (206) 598-3294 x8. Call before running out of your medication – please allow 3 business days for refills. Do not have your pharmacy call us, we must speak directly to you. Percocet and other narcotic pain prescriptions cannot be faxed/mailed to the pharmacy – they must be picked up from the clinic or mailed to your home.

Post-Operative Knee Scope Rehabilitation

Dr. Mia S. Hagen

Please give this handout to your therapist

For first 4 weeks, 2-3 visits per week + 5x/week home program

Day 1 instructions:

Goals	Exercise Suggestions
<ul style="list-style-type: none"> • Control pain and swelling • Normal extension POD 1 • Full WB on POD 1 	<ul style="list-style-type: none"> • ROM: <ul style="list-style-type: none"> ▪ Keep knee extended with leg on pillow under calf and ankle for 10-15 min, 4-6x/day ▪ Do not put pillow under knee ▪ Heel slides & seated flexion exercises • Strength: <ul style="list-style-type: none"> ▪ Quad sets: 5-10 per hour ▪ Straight leg raise (SLR): 5 per hour ▪ Hip abduction & adduction • Ankle pumps

Phase 1: Week 1

Goals	Exercise Suggestions Days 1-3	Exercise Suggestions Days 3-6

<ul style="list-style-type: none"> • Restore full ROM • Perform daily activities pain free • Initiate good strength and proprioception • Normal gait pattern <ul style="list-style-type: none"> ▪ Crutch wean ▪ To D/C crutches: Must be able to perform SLR without lag and ambulate without limp 	<ul style="list-style-type: none"> • ROM: <ul style="list-style-type: none"> ▪ AROM & PROM in supine and sitting as tolerated to 90-100° flexion ▪ Gentle stretching, prone lying • Strength: <ul style="list-style-type: none"> ▪ Standing TheraBand (TB) ▪ Continue with SLR and quad sets ▪ May use e-stim (increase # visits/week if quad inhibited) ▪ Terminal knee extension with TB: 2x15 reps (1-2x/day) • Proprioception: <ul style="list-style-type: none"> ▪ Balance on floor with one foot 2 x 20 seconds (2x/day) • Treatment: <ul style="list-style-type: none"> ▪ Ice with elevation 15-20 minutes with ankle pumps ▪ Patellar mobilization 	<ul style="list-style-type: none"> • ROM: <ul style="list-style-type: none"> ▪ AROM & PROM (to 100°-full) • Strength: <ul style="list-style-type: none"> ▪ Add seated & standing calf raises: 2x12 reps • Proprioception: <ul style="list-style-type: none"> ▪ Balance on floor with one foot 2 x 60 seconds (2x/day) • Treatment: <ul style="list-style-type: none"> ▪ Ice with elevation 15-20 minutes with ankle pumps
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Phase 2: Weeks 2-3

Goals	Exercise Suggestions Days 1-4	Exercise Suggestions Days 4-end
<ul style="list-style-type: none"> • Exercise in full/pain free range • Begin closed chain exercises • Please contact surgeon if gait is not normal by 3 weeks 	<ul style="list-style-type: none"> • ROM: <ul style="list-style-type: none"> ▪ Passive, heel slides (maintain) ▪ Flexibility stretching all major groups • Strength: <ul style="list-style-type: none"> ▪ Short arc quads 2x10 (weight as tolerated) ▪ Double leg mini squats 2x20 ▪ Step-ups: forward & lateral 2x12 ▪ Hamstring curls ▪ Toe raises with weights • Proprioception: <ul style="list-style-type: none"> ▪ Balance on floor with one leg 3 x 45 seconds • Treatment: <ul style="list-style-type: none"> ▪ Ice 15-20 minutes 	<ul style="list-style-type: none"> • ROM: <ul style="list-style-type: none"> ▪ Maintain • Strength: <ul style="list-style-type: none"> ▪ Add various double leg mini-squats (stagger, ballet) 2x20 ▪ Add step-ups: forward & lateral 3x15 ▪ Advanced: single leg mini-squats, double leg mini-squats on uneven surface (per PT) • Proprioception: <ul style="list-style-type: none"> ▪ Balance on floor with one leg 3 x 1 minute ▪ Advanced: balance on uneven surface, jump and balance on one foot (per PT) • Treatment: <ul style="list-style-type: none"> ▪ As needed

Phase 3: 3+ weeks

- Additional closed-chain exercises (leg presses, step-ups, mini-squats, leg extensions, hamstring curls with light weights and high reps). Smooth & slow: NO explosive reps.
- May advance to swimming at 1 month
- Endurance closed-chain: Stairmaster, stationary bike, elliptical trainer, NordicTrack.
- Begin slow jogging if ROM full, patient has full quad control, and surgeon allows impact exercises (no OA). Jog in controlled scenario. No cutting, jumping, or pivoting. See separate **Return to Running** program.

***If indicated* → Phase 4: Return-to-Sport (Weeks 4+)**

- Advanced strengthening with weights
- Plyometric program
- Functional training exercises: fast straight running, backward running, cutting, cross-overs, carioca, etc.
- Begin gradual return to previous sports/activities/work duties under controlled conditions

Final clearance per treatment team (PT, ATC, PA-C, and surgeon):

- Normal muscle strength in the involved lower extremity
- Jog and full speed run without limp
- Full ROM
- No effusion or quad atrophy

RESTRICTIONS:

- **Synovitis:** May use crutches 3-4 days. Progress slower per symptom resolution.
- **Meniscal repair:**
 - Hinged knee brace set 0-90°, obtain 90° flexion by 2 weeks
 - NWB with crutches x2 weeks, then toe touch x2 weeks, then wean off crutches at 4 weeks postop
 - Hinged knee brace locked in 0° extension when ambulating x 4 weeks then unlock when ambulating
 - Unlock brace for PT, sitting, sleep
 - After 4 weeks can open brace to full ROM
 - Dc brace after 6 weeks
 - No deep squatting x 3 months, avoid force hyperflexion of knee x 3 months
 - Return to running @ 3 months

- Return-to-Sport 4 months+

Please contact Dr. Hagen with any concerns.

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