

Post Op Instructions: Knee/Lower Extremity

Dr. Jonathan A. Godin, MD, MBA

- First PT Appointment:** Howard Head at 7:30am the day after your surgery
- First Post Op Appointment:** _____ at _____ at The Steadman Clinic
- Please make an appointment with a physical therapist of your choice ASAP, preferably starting the day after surgery. We recommend PT 2-3x/week for 6 weeks after surgery.
- Please make a follow up appointment with an orthopedic physician in your home state, 10-14 days after your procedure.

If you have any questions, please read this information in its entirety, and then call with any questions.

MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

Pharmacy Location where your medications have been ePrescribed: Please Pick Up ASAP

- Vail Health Pharmacy: 181 W Meadow Drive, Vail, CO 81657 970-479-7253
- Edwards Medical Center Pharmacy: 322 Beard Creek Rd, Edwards, CO 81632 970-569-7676
- Other: _____

FOR PAIN RELIEF (Narcotics):

- You have been provided pain medication after your surgery, please take as directed. Wean off of narcotics as soon as symptoms allow. Take with food. Notify office if nausea, vomiting, headaches, or rash occurs. Other side effects include; drowsiness and constipation.
- **Use caution when taking TYLENOL** or other acetaminophen products while taking Percocet, Norco, or Lorcet as these medications already contain acetaminophen. Do NOT exceed more than 3000mg of Tylenol per day.
- **We do NOT recommend ibuprofen, Advil, Aleve, Motrin, or NSAID products for 6wks after surgery**, as these can delay healing.
- It is very common for your intestinal system to slow down after surgery because of the anesthesia and narcotic use. Please try over-the-counter stool softeners and laxatives, such as Miralax, Senna, or Docusate as a first step in treatment. If you do not have a bowel movement 3 days after surgery, please call the office and we will consider another option.
- You should not drive while taking pain medications as they delay your responses.
- Narcotics are addictive and have a high abuse and overdose potential. It is extremely important to take these as directed and not to mix with alcohol or other forms of medication unless approved by the medical team. Please keep all prescribed narcotics LOCKED and away from children. Lastly, please properly dispose of leftover narcotics. Contact your local police department for more info.
 - **OXYCODONE 5 mg**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. If you are not in pain, you should not take this medication. Try to wean down your use of this drug as soon as symptoms allow. *If 2 tablets every 4 hours are not relieving all your pain please call our office or the MD on Call.*
 - **LORCET 5mg**: (**hydrocodone 5mg and acetaminophen 325mg**) this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. *If 2 tablets every 4 hours are not relieving all your pain please call our office.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
 - **DILAUDID 2mg**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED for pain. *If 2 tablets every 4 hours are not relieving all your pain please call our office or the MD on Call.*
 - **PERCOCET 5mg/325mg**: this is a short acting pain medication that contains 5mg of oxycodone and 325mg of acetaminophen (Tylenol). You should take 1 or 2 tablets every 4 to 6 hours as needed for pain. *If 2 tablets every 4 hours are not relieving all your pain please call our office or the MD on Call.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
 - **TRAMADOL 50mg**: This is a short acting medicine for pain that is still considered a narcotic, but is less potent. Take 1-2 tablets every 6 hours as needed for pain.
 - **OTHER:** _____

FOR NAUSEA:

- **ZOFRAN (Odanteron) 4mg Tablet** - this medication is for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience nausea despite taking this medication.

FOR ANTI-COAGULATION (Blood Thinners):

You have been prescribed an anticoagulation medication, to be taken for 4-6 weeks after surgery. This medication is taken to prevent a blood clot from developing in your leg, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication, no matter what type of procedure you had. In addition to the medication, please wear the white stockings on your lower legs for 2 weeks after surgery, as these help prevent a blood clot. The stockings may be washed.

- **ASPIRIN 325 mg:** This is a mild blood thinner. Please take 1 tablet every day for 4-6 weeks: starting the day after surgery, no matter what kind of procedure you had. Finish the entire prescription bottle, even if you are feeling better.
- **ELIQUIS 2.5mg:** This is an oral medication to prevent blood clots in patients with a higher risk of blood clots, such as those flying for more than 3 hours after surgery, those with a personal or family history of clots, or those with a history of cancer or on certain types of medications. Usually this medicine is taken 2x per day for 4-6 weeks. Do not take aspirin while taking this medication.
 - Take Eliquis on the day before, the day of, and the day after your flight. Do not take aspirin on the days you take Eliquis, but resume the aspirin as prescribed after you finish the course of this medication.
- **LOVENOX 40mg injection:** This is a daily injection. Inject 40mg subcutaneously daily or the day before travelling. Do not take aspirin while taking this medication.
- **OTHER:** _____

OTHER MEDICATIONS TO CONSIDER:

- **TYLENOL:** You can buy this Over The Counter. Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to *add in Tylenol for additional pain control if needed*. This can be taken as 325-600mg every 4 hours. The maximum dose for Tylenol per day is 3000mg.
- **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning these the day after surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- **BENADRYL:** Itching can be common when taking narcotics. Take this as needed for any itching symptoms. Can be found over-the-counter.

DRESSING/BANDAGE CHANGES:

You may change your surgical dressing starting the day after surgery, or if you are seeing a physical therapist, you may have them do this for you. Please read these directions in their entirety before beginning a dressing change.

- Take down/remove all the bandages besides the Steri-Strips (white tape on your skin)
 - For Knee Surgery, you may remove the ACE wrap, Webril (cloth wrap), large white cloth pads, any pieces of 4x4 gauze, any OpSites (clear waterproof bandages), or yellow linen pieces (called Xeroform).
- It is very important that you leave the last layer of bandage on your skin; this layer is made of “Steri-Strips”, which are the white pieces of tape adhered directly to your skin. These should stay on until your first post-operative appointment with The Steadman Clinic. You may have had a surgery in which we did not cover the incision with steri strips, in this case you may take all the dressings down until you see your incision and black sutures. Recover the incision with an OpSite.
 - You may GENTLY clean around the Steri-Strips with a warm washcloth and antibacterial soap to remove any dried blood, or iodine solution used to clean your operative area prior to surgery. Do NOT scrub the incision area.
 - Do NOT put any oil, Neosporin, hydrogen peroxide, or lotion on your incision.
 - Do NOT submerge your incision in any bath or hot tub for at least 4 weeks after surgery.
- After you have cleaned the incision area, you may re-cover the incisions (with the Steri-Strips still in place) with an OpSite Bandage that was given to you in post-op. Several sizes of OpSites have been provided, choose the best one that fits your needs. To place the OpSite, peel the paper off of one side to reveal the sticky tape, then place this over your incision. Then you may remove the top layer of paper from the OpSite to reveal the clear tape adhered to your skin.
 - You may shower with these OpSites covering your incision. Once the OpSite appears wrinkled, dirty, or old, you may peel it off and replace it with another one. We recommend changing the OpSite every 1-3 days. You may take a shower, however, we usually recommend to wait at least three days after your procedure and so long as you have no nerve catheter in (if you received one. This is usually pulled out by day 3 post op).
 - To shower, we recommend sitting down, or getting a metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, sit down on the chair in the shower, remove any brace that you are required to wear (as they are not water proof), and while safely seated, allow the water to roll over your operative area, protected by the OpSites. Once you have finished bathing, pat the incision area dry, replace the OpSites as needed, and then put your brace back on and carefully crutch out of the shower.
- You may notice suture/stitches on your incision, these may be black or they may be clear, like fishing line. These will be removed by The Steadman Clinic at your first post-op appointment, or if you are following up elsewhere, they may be removed by your physical therapist or another physician 10-14 days after surgery.

- Some signs to look for that may be of concern are an incision that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms with a high fever is reason to call our office.
 - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
- **If you were given a NERVE BLOCK or catheter** pre operatively and you have any issues with it, including leakage, pump malfunctioning, catheter tip falling out, etc, then please call the phone number provided on your pump or ask to speak with pain services.

OTHER GENERAL SURGERY INFORMATION

ICE: Swelling and bruising is normal after surgery because fluids are used during surgery. Continuous icing will help to decrease swelling and pain. It is best to **ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a NICE or Game Ready unit (an ice/compression machine). If you have received a NICE machine and have any questions regarding its use, please call the number provided with the machine.

DRIVING: Please **do not drive** until you are evaluated in the office after surgery. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur.

PHYSICAL THERAPY: This is dependent on your injury and specific procedure. You will be given specific protocol after your surgery (included in the white surgery folder). Please begin therapy at a facility of your choice as soon as possible following surgery (within 2-3 days) and **bring this folder with you to the visits**. If you are unable to get into PT right away, we ask that you do the following exercises at home:

- **Ankle pumps**-pump your ankle back and forth as if you were stepping on a gas pedal. Please do this exercise 10x an hour while awake.
- **Quad sets**-With your brace on, tighten your thigh muscles, press your thigh into your bed and attempt to lift your leg off the bed with your leg extended. Initially after surgery this will be difficult due to the weakness of your quadriceps muscles. Try to do 10x reps per hour.
- **Deep breathe and cough** to help prevent a respiratory infection. Take 10 deep breaths every hour followed by a cough.

ACTIVITY RESTRICTIONS/BRACE: This is dependent on your injury and specific procedure. You may be required to use crutches or a brace. **If you are placed in a brace, it is extremely important to use as directed and make sure you always have the brace on when ambulating (walking)**. It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. Brace settings will be determined by Dr. Godin based on intra-operative findings. You may take the brace off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting. You should wear the brace while sleeping unless told otherwise by our team. When sitting or lying down, please keep your operative leg elevated, do not place anything directly under your knee that may cause a slight bend in your knee, as this can lead to difficulty regaining full extension.

CRUTCHES/ELEVATION OF LEG: **You should remain on crutches until you are comfortable putting weight on your leg, or if you have specific weight-bearing restrictions after surgery (ie- meniscal repairs will be non-weight-bearing x 6 weeks).** **If you had ACL Surgery: IT IS ESSENTIAL TO LOCK YOUR BRACE IN FULL EXTENSION WHEN STANDING AND USE CRUTCHES FOR TWO WEEKS AFTER THE SURGERY.** This is to protect your new ACL as your quadriceps muscle is weakened by the surgery and as a result you could fall and tear your graft.

SIGNS AND SYMPTOMS OF COMPLICATIONS: Although complications are rare the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.
- **Blood Clot** – swelling, tenderness, or calf pain to touch or when you move your ankle up and down, shortness of breath and chest pain.

REASONS TO CALL:

- Fever, chills or sweats
- Redness, swelling or warmth around the incisions, non-clear drainage from the incision or increased pain in or around the incision
- Severe pain not relieved by medications
- Calf swelling, redness, pain or warmth
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

If any of these concerns occur after-hours, please call **970-476-1100** to speak to the on-call physician, or go to your local ER!

CONTACTS:

If you have any questions, please call:

- About your anesthesia catheter/block: **970.471.5203** (Acute Pain Services)
- About your surgery, post op recovery, medical issues, or PT: **970.471.8620** (Michelle Lafontaine, PA to Dr. Godin) – you may text this number as well as call, although texting is faster response usually
- About your post op appointments or scheduling/finance concerns: **970.238.8093** (Melanie Petronio, Practice Coordinator)
- Anytime you are unable to get ahold of our team and have an urgent matter, or anytime outside of the 9am-5pm hours or weekends: **970.476.1100** (On-call MD)