



Set yourself up for success! **Preparing** for your Knee Arthroscopy

**Preparations for the days and weeks prior to your procedure**

- Discontinue use of aspirin, NSAIDs** (ibuprofen, Advil, Motrin, naproxen, Aleve) ten days prior to surgery. These medications may cause increased bleeding during the operation or postoperative period. If aspirin is prescribed for cardiovascular reasons, please discuss with your physician.
- Obtain any preoperative labs, xrays, EKGs, medical clearance** if so advised by your surgeon or primary care physician.
- Discontinue herbal supplements ten days prior to surgery, as these may interact unpredictably with anesthesia medications.
- Stop smoking/tobacco use** or decrease use as much as possible. Smoking and nicotine use impair postoperative healing and increase risks of cardiopulmonary complications, including blood clot formation, during and after surgery.

**Arrangements for the day of surgery**

- Nothing to eat or drink past midnight the evening prior to surgery**, unless advised otherwise. You may take daily medications with a sip of water only.
- Patients with diabetes, please do not take insulin or oral hypoglycemic meds the day of surgery
- Wear glasses rather than contacts; leave jewelry and valuables at home.
- The evening before or the morning of your surgery shower and wash your operative leg with gentle soap. Avoid harsh scrubbing and **DO NOT SHAVE** the operative leg. You will be advised to avoid showering for 48 hours following surgery to avoid getting the incisions wet.
- Most patients will be discharged home the day of their procedure. **You will NOT be allowed to drive after surgery. A responsible adult must be able to drive you home and accompany you through the night after surgery.** It is preferable that the adult who will be your primary caregiver accompanies you to the hospital the day of surgery so that the surgeon and anesthesiologist can communicate operative results and plan for followup care effectively. This person will also need to participate in discharge teaching by the surgery staff. Most patients have impaired memory of the postoperative period, which necessitates the presence and supervision of a responsible adult.
- Although your actual surgical time may be less than an hour, preoperative preparations, postoperative recovery and discharge teaching will take multiple hours. You should **anticipate spending the majority of your surgery day at the hospital.**
- You will likely receive a prescription for pain medication the day of surgery. This prescription can be filled by the adult accompanying you while you are in the operating room.
- After surgery your leg will be wrapped in a bulky dressing from ankle to mid thigh. For some procedures you may also be fitted with a knee brace. This dressing is to remain on the leg for 48 hours following your procedure. **Bring loose fitting pants**, such as sweatpants or athletic shorts to dress in after surgery. Wear **supportive shoes**,...no flip-flops or heels!

## Anticipating your rehabilitation needs after surgery

- Obtain and adjust crutches prior to surgery.** Ensure that all screws and grips are tightened. Practice using crutches (see enclosed handout regarding crutch fitting and use) and move potentially hazardous items such as throw rugs and piles of laundry off of the floor of your home. Typically, patients will use crutches to assist with weightbearing for 1-5 days following surgery. You will be given specific instructions after your procedure.
- You will be able to eat and drink what you feel like after surgery. We recommend that you start “little and light” with foods such as broth, crackers, toast, Jello, juice, and soda, as the anesthesia medications may cause your stomach to be upset. If you are tolerating light foods well you may progress to eating whatever feels good.
- For the first 1-3 days following surgery, we will want you to minimize activity and to spend several 30-40 minute sessions a day icing and elevating your surgical leg.** This will help to control postoperative swelling and pain. You will want to have several pillows for elevation and ice in a form that will mold to your knee, i.e. blue gel ice packs or frozen bags of vegetables—no ice blocks.
- Return to work and school following these procedures is patient specific. However, you should **anticipate requiring 3-5 days of minimal planned activities after surgery.** During the entire time you are taking narcotic medication you should not drive, drink alcohol or be responsible for tasks that require judgment, coordination, insight, or short term memory, i.e. operating heavy power machinery, childcare, legal/financial decisionmaking.
- Some procedures will require you to wear a knee brace for 6 weeks following the surgery. Dr. Lamblin will be able to tell you if he anticipates a brace following your procedure.
- You will see the surgeon for **your first postoperative appointment 10-14 days following surgery** at which time your stitches are usually removed from your incisions. You may schedule your followup appointment with Dr. Lamblin prior to your surgery.
- Dr. Lamblin will typically prescribe **physical therapy following knee surgery.** The frequency and duration may vary among patients, but in general, you should expect to begin PT within one week following surgery and to attend therapy sessions 1-2 times a week for 4-6 weeks. **Attendance at therapy sessions and adherence to the instruction of the physical therapist is key to a successful recovery!** See enclosed sheet for recommended therapy providers.

## Postoperative Exercises

- Postoperative exercises should begin within 24 hours of surgery for all patients, it is helpful to practice them prior to surgery:
  - Calf exercises**: pump the foot up and down for 5 minutes, 3 times a day
  - Gluteal squeezes** for 5 minutes, 3 times a day
  - Straight leg raises**: in a reclining position, raise and lower the straightened operative leg so that the heel is 24 inches off the ground, 15-20 times, 3 times a day
  - Full knee extension**: in a reclining position, place a rolled towel beneath the ankle of your operative leg for 20 minutes, 3 times a day, to encourage the knee to be fully straightened (full extension). **Achieving full extension after surgery is vital to your rehabilitation.**

Should you develop any new health issues prior to your surgery or if you have further questions or concerns, please call Fremont Orthopaedic Associates (307)332-9720.

Instructions reviewed with patient:

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Patient signature

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Staff signature

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Date