

## **Post-Op Instructions for Multiligament Knee Reconstruction**

### **DIET**

- Begin with clear liquids and light foods (jello, soups, etc.).
- Progress to your normal diet if you are not nauseated.

### **WOUND CARE**

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing.
- Remove surgical dressing on the third post-operative day. If minimal drainage is present, apply waterproof Band-Aids over incisions and change daily.
- Please keep steri-strips in place if they are present.
- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. **NO** immersion of the operative leg in water (i.e.: bath or pool).
- Please do not place any ointments, lotions, or creams on the incisions.
- Once sutures are removed (approximately 7-10 days post operatively), you can begin to get the incision wet in the shower (let water and soap run over the incision and pat dry). **NO** immersion in a bath until given approval by our office.

### **MEDICATIONS**

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend you use a stool softener such as Colace (docusate), This is available over the counter. Be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Avoid alcohol use while taking narcotic pain medication.

- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600-800mg) in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- Following surgery, take one aspirin 81mg tablet daily to lower the risk of developing a blood clot. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

### **ACTIVITY**

- **You may use crutches and weight-bear through the operative leg with your brace on, locked in full extension.**
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks following surgery.
- **NO** driving until instructed otherwise by a physician.
- May return to sedentary work or school 3-4 days after surgery if pain is tolerable.

### **BRACE**

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit.
- Avoid getting the brace wet (remove for shower).

### **ICE THERAPY**

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to chest level while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

## **EXERCISE**

- After 72 hours you may begin exercises (straight leg raises in brace, quad/ hamstring sets, heel slides, ankle pumps, patellar mobilizations) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension and some flexion (work up to 90 degrees of passive knee flexion by 6 weeks) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) will begin after surgery. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Barnes.

**EMERGENCIES** - Contact Dr. Barnes' office at (239) 334-7000 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills.
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

**If you have an emergency that requires immediate attention proceed to the nearest emergency room.**