



Orthopedic Surgery • Sports Medicine
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Post-Operative Instructions – Multi-ligament Knee Reconstruction

Bandages & Ace Wrap:

Your post-operative dressing has three layers. First, your incisions were closed with stitches and covered with an antibiotic dressing.

The second layer is a white fluffy dressing that is loosely wrapped around your knee. Since arthroscopy is performed with water, this second layer can absorb some water that will leak from your knee for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water, which is nothing to worry about.

The third and final layer is a long Ace wrap that was wrapped around your leg from the foot up to your thigh. We wrap the whole leg, not just the knee, so the swelling does not settle in your foot and ankle.

We will remove the dressings and replace them with fresh new ones a few days after surgery. Once your dressings are removed in the office, you do not have to wrap your knee unless the skin is irritated by your clothes or if you will be in the sun for long periods of time. Your skin will be extra sensitive to the sun until fully healed so take extra precaution.

Ice, Elevation & Cryo-Cuff:

The best way to minimize swelling after surgery is with the frequent application of ice and elevating the leg. The ice pack should be large (like a big zip-lock bag) and held firmly around the front of the knee. While the Ace bandage helps prevent calf swelling, it is still important to keep the entire leg elevated on a couple of pillows. We follow the "one to four" rule - for every hour your leg is down (like sitting in a chair or walking) it takes four hours to reverse the swelling.

Many patients will have a cryo-cuff placed between the fluffy wrap and Ace wrap to cool the knee after surgery. (If you do not have one simply follow the same instructions using a bag of ice). Use the cryo-cuff for 20 to 30 minutes every 1-2 hours for the first 3 to 4 days. Also, use it after physical therapy or times of increased activity for the next several weeks.

Brace:

A brace is used to protect your knee after surgery. The brace may need to be worn for up to 10 months following surgery. Your therapist will give you specific instructions. While in bed or resting feel free to loosen the brace, but do not remove it. **DO NOT** walk without the brace. The brace's hinges are locked so that the knee is held in a fully extended position (straight out),

do not change the hinges on the brace. Feel free to adjust the brace in order to make it more comfortable.

The FIRST goal of rehabilitation is to get full knee extension - that is to get the leg out straight. The best way to achieve this is by placing a towel roll or pillow under your heel so that the knee bridges off the floor (like a bridge). Hold this position for 5 to 10 minutes as the knee comes out straighter and straighter.

Washing & Bathing:

You will be seen in the office a few days after surgery. Until this time, keep the dressings clean and dry to avoid issues with incision healing. You may shower by wrapping plastic over the dressing. Once your dressings are changed in the office, you can shower without covering your knee. You can use soap on your leg and over the Steri-Strips. This shower should be quick. Do not take a bath or use a swimming pool until 1 month after surgery. Because lake and ocean water contain bacteria, avoid these for 6 weeks after surgery.

The yellow discoloration you will find on your leg is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This should be avoided until your first office visit unless it is causing your leg to itch, then it can be removed sooner.

Walking & Crutches:

Your physical therapist will give you instructions regarding how to use your crutches safely and weight-bearing restrictions. Almost all patients are off crutches within 8 to 10 weeks, depending on your surgery.

Physical Therapy

Most patients will have seen the physical therapist at least once prior to surgery. This is so you can start the rehabilitation process right away. At this appointment, your therapist will teach you exercises that will be important to do regularly before surgery and right after surgery. They will also teach you how to use the hinges on the brace properly so you can start range of motion after surgery. Regular physical therapy will begin after your first office visit, and you will start range of motion, gait, and strength exercises on your first visit.

Follow up appointment:

I want to see my patients in the office 3 to 4 days after surgery. Sometimes I find other issues with your knee that we did not anticipate. When these unforeseen circumstances occur, I may want to see you in the office sooner than originally planned.

Pain Medications:

I will usually prescribe multiple medications for the control of your post-operative pain. Please read the Surgical Pain Medicine Guide to help understand your post-surgical pain medications. During surgery, I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

Oxycodone is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Narcotic medications like Oxycodone

can cause nausea or an episode of vomiting. Take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses, the nausea goes away. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Oxycodone is taken every 6 hours but if the pain is severe, it can be used every 4 hours. Remember, narcotic pain medications do have addiction potential with prolonged use.

DVT Prophylaxis – Prevention of Blood clot following surgery:

The risk of a leg blood clot following minor surgery is very rare. The majority of patients that suffer this complication usually have a prior history of a blood clot, a positive family history of DVT, or other unusual risk factors. The medical literature is unclear what method of prevention is best and you will find that each surgeon does this a little different.

- Take one 81mg aspirin every day for 30 days
- Take one 325mg aspirin every day for 30 days
- Take one 325mg aspirin twice a day for 30 days

What to watch out for:

- Pain that is increasing every hour in spite of the pain medication
- Pain or swelling in your calf
- Fever greater than 101°
- Increasing pain with walking
- Unable to keep food or water down for more than one day

Who to Call for Questions and Problems:

If you are having problems or have questions, please call our office at 813-684-3707 (Brandon/Riverview office) or 813-633-0286 (Sun City office) and our nurse will help you. We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 813-684-3707 anytime (24 hours a day, 7 days a week) and the doctor on-call or I will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again. If an emergency were to occur you can always go straight to the emergency room for immediate attention.

Driving:

You can resume driving after surgery as long as you meet the following precautions. First, you must be weight bearing as tolerated with or without crutches. This ensures that, in the case of an emergency, you can remove yourself from the car safely. Second, you have stopped taking the narcotic pain medication. Third, you should not drive until the pain in the knee has decreased to a tolerable level and the knee has more than 90 degrees of motion. You will need to drive using the brace on. The first time you drive, test your skill in an empty parking lot with another passenger.