

## Post-Op Instructions for Multi-ligamentous Knee

### Reconstruction

Jason R. Ferrel, M.D.

#### 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 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 (ie: 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 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 should use crutches. With the brace locked straight, you may set your foot on the ground for balance when you are upright and mobilizing. Other than very light pressure for balance, don't put any weight or pressure through your foot on the operative side.**
- 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 (cover for shower).

## EXERCISE

- **Starting on the first or second day after your surgery, you may begin using the continuous passive motion device (CPM). Begin with the range of motion setting from 0–40°. Increase the range of motion 5° or 10° every two or three days with a goal of getting to 0-90° by four weeks after surgery.**
- After 72 hours you may begin exercises. Perform straight leg raises in the brace. Otherwise, when non-weight bearing, remove the brace for the following exercises quad sets, ankle pumps, patellar mobilizations (moving the knee cap).
- 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. Ferrel.

## 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.

## EMERGENCIES

Contact Dr. Ferrel's office at 614-545-7958 if any of the following are present

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf 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
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency after office hours or on the weekend, contact the office at **614-545-7900** and you will be connected to our pager service. This will connect you with the Physician on call.

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

### **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please call 614-545-7958 to schedule.
- Your first post-operative appointment will be scheduled with either Dr. Ferrel or one of his designated assistants for a quick wound check, review of physical therapy protocol, and to answer any further questions you have regarding the procedure. • Typically the first post-operative appointment is made 7-10 days following surgery.
- If you have any further questions please contact Dr. Ferrel's office.