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POST-OPERATIVE INSTRUCTIONS KNEE CARTILAGE PROCEDURES

**(Including chondroplasty, microfracture, autologous chondrocyte implantation (ACI),
and osteochondral autograft transplantation surgery (OATS))**

Wound Care

Chondroplasty or Microfracture:

After arthroscopy the wound is covered with an ACE bandage. This should generally be left in place for 48 hours. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor. You may remove your ACE bandage and dressings two days after your surgery. Your incisions will be covered with steri-strips or visible sutures. Do not remove the steri-strips or cut any of the visible sutures. Cover the incisions with Band-Aids. You are to wear your white compression stockings (TED hose) for 7 days after your surgery to help prevent blood clot formation.

ACI or OATS:

Do not remove your surgical dressings or ACE wrap. You are to wear your white compression stockings (TED hose) for two weeks after your surgery to help prevent blood clot formation. Keep the dressings clean, dry, and intact. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor.

Be sure to watch for signs and symptoms of infection after surgery, which includes: redness, increased swelling, warmth, wound drainage, or a fever greater than 101.5°. If you notice any of these signs and symptoms please notify your surgeon.

Showering

Chondroplasty or Microfracture:

Showering is allowed with plastic covering the wounds. You may shower and get the surgical area wet on post-operative day 5. Please remove your stockings to shower and replace them immediately after drying off. Do not immerse your incisions under water: no baths, swimming, or hot tubs for at least 2 weeks after surgery.

□ *ACI or OATS:*

Showering is allowed with plastic covering the wounds. Be sure to keep the original dressing clean and dry. Do not immerse your incisions under water: no baths, swimming, or hot tubs for at least 2 weeks after surgery.

Ice

Icing is very important for the first 5-7 days after surgery. Please ice your knee four to six times a day for up to 20 minutes at a time using a large bag of crushed ice. Care must be taken with icing to avoid frostbite to the skin. To avoid frostbite, place a towel or T-shirt between the ice and your skin. If you are using a CryoTherapy device, please follow the instructions given by the device representative.

Activity

□ *Chondroplasty:*

You may weight-bear as tolerated unless otherwise instructed at the time of surgery. Crutches or a cane may be necessary to assist walking. These aids are used to help with balance but not to remove weight off the leg. Leg elevation for the first 72 hours is also encouraged to minimize swelling.

□ *Microfracture, ACI or OATS:*

You should be non-weightbearing on the operative extremity. Use crutches to assist with walking – you are not to bear weight on the operative leg. No squatting >90° is allowed. Leg elevation for the first 72 hours is also encouraged to minimize swelling. Leave your brace on at all times except when showering.

Exercises

The following exercises are to be started the evening of surgery. While exercise is important, don't over-do it.

- **Straight Leg Raises:** raise leg 12 inches off the bed, couch or chair. Hold in position for a count of 10 seconds. Do 10 repetitions, five sets per day.
- **Quad sets:** sitting with your leg straight, pull your toes toward your nose and tighten your thigh (flexing your quadriceps muscles). Hold for a count of 10 seconds. Do 10 repetitions, five sets per day.
- **Foot pumps:** sitting with your leg straight, alternate pointing your toes to the floor ('pushing on the gas pedal') and pulling your toes toward your nose. Do 30 repetitions, five sets per day.
- **Knee Bends:** Lying on your back, keeping your leg straight, lift your leg towards your face. Slowly bend your knee within the limits of the brace (if a brace was given to you), while supporting the back of your knee with your hands. Then, slowly straighten your leg back out. Do 10 repetitions, five sets per day. Your motion goals are to have complete extension (straightening) and maximum bending within the confines of the brace (if a brace was given to you) at your 1st post-operative visit.

Continuous Passive Motion (CPM) machine

□ *Chondroplasty:*

A CPM machine is not required after chondroplasty surgery.

□ *Microfracture:*

The CPM should be used for 8 hours per day beginning on post-operative day 1.

- Range of motion is typically set from full extension to 40° of flexion for patellofemoral lesions.
- Range of motion is typically set from full extension to 60° of flexion for femoral condylar lesions.

□ *OATS:*

The CPM should be used for 8 hours per day beginning on post-operative day 1. Range of motion is typically set from full extension to 40° of flexion and increased by 10° per day as tolerated UNLESS otherwise instructed by your physician on the day of surgery.

□ *ACI*:

The CPM should be used for 8 hours per day beginning on post-operative day 1.

□ Range of motion is typically set from full extension to 40° of flexion for patellofemoral lesions.

□ Range of motion is typically set from full extension to 40° of flexion and increased by 10° per day up to 90° for femoral condylar lesions.

Physical Therapy

You will be prescribed Physical Therapy to start after your first follow-up visit. There is a standard protocol that you will follow with your therapist.

Medications

Take as prescribed. **Narcotic pain medications:** Percocet, Norco, or Vicodin is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require Norco, Vicodin, or Percocet for the first week. Once pain is better controlled, you may simply take extra strength Tylenol one to two tabs every six hours. Take these medications with food. If you have any problems taking the medications please stop them immediately and notify the office.

Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery when the effect of these medications wears off. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You can supplement the narcotic medications with 200 mg or 400 mg of ibuprofen every 4-6 hours. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

Eating

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination) please call the doctor or the surgical center.

Driving

Most patients are able to drive if surgery does not involve their right leg as soon as they stop taking narcotic pain medications. Driving while under the influence of narcotic medications (ie Percocet or Vicodin) is extremely dangerous and discouraged in all patients.

Follow-Up

□ *Chondroplasty or Microfracture*:

Your initial follow up visit will usually be 7 – 10 days after surgery.

□ *OATS*:

Your initial follow up visit will usually be 1-3 days after surgery and then again 10-12 days later.

□ *ACI*:

Your initial follow up visit will usually be 12-14 days after surgery.

If you have any questions, concerns or problems please feel free to contact the office at (480) 219-3342