

Knee Arthroscopy

Home Care Instructions

Knee scopes are the most common procedures that I do, and in terms of operative time, can be quite quick. However, they are still real surgery and I ask that you adhere to the below guidelines to ensure the best results.

-Dr. Michael C. Russonella

Procedure	The surgery involves pumping fluid into the knee and under high pressure (100 mm Hg). Thus, swelling for several days is common. The swelling may extend into the leg and foot for a short period of time. The nature of the surgery also causes some swelling of the knee, this is normal. There may be areas of ecchymosis (black and blue) due to the arthroscopic fluid mixing with small amounts of blood – this is normal. There may also be small raised areas around the incision sites; this is normal swelling unless associated with the items of concern listed below.
Diet and Activity	Range of motion in your knee is important. You may engage in full range of motion unless listed otherwise. You may be weight bearing AS TOLERATED on your operative leg. Most people use crutches for 2-5 days. Use the cryo-cuff or ice packs as needed – it will significantly decrease the pain, especially over the first week. DO NOTE USE HEAT!
Pain Medication	Use pain medication as needed. You can come off the prescription pain medication when you feel comfortable. You may also take Tylenol (500mg every 6 hours), Advil (2 tablets every 8 hours), OR Aleve (2 tablets every 12 hours) as needed for pain and swelling. Immediately start on your first op day 2000mg Vitamin C daily until the wounds are fully healed. Do not apply any creams or salves to your incision; this can cause complications. The risk of blood clots is exceedingly rare after arthroscopic surgery; however, as a precaution I prefer that patients take 1 aspirin pre day (325 mg) for 5 days following surgery. Thereafter, I recommend that you take one baby aspirin (81 mg) per day until the post-op visit or until you are walking normally. If you develop significant swelling in the leg (not just the knee) AFTER the first 2-3 days, please call the office. If you cannot take aspirin or have a risk of blood clots, another blood thinner may have been prescribed. In this case, do not take the aspirin. The pain medication may cause constipation; drink plenty of fluids, apple juice, and prune juice as needed. You can also use Colace 100mg by mouth twice a day. If you do not have a bowel movement within 5 days drink ½ bottle of magnesium citrate, which is sold over the counter. The response to surgery over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medication every 3 hours if needed, and do use supplemental Advil, Aleve, or Motrin. Of course, rest, ice, and taking it easy for the first few days will have significant impact on your recovery. There may be some residual discomfort at the tear site as the meniscectomy heals.
Wound Care and Showering	The knee will have a large dressing over 2-3 small incisions. Leave dressing on for 48 hours. Remove the large dressing but leave sutures in place. The dressing will be blood tinged – this is normally. You may shower after the dressing is remove; do not lather the area with soap, although it can get wet. Apply band-aids over the incisions after they are dry.
Return Visits	The office will call you to schedule your post-operative appointments.
Sleeping	Sleeping is usually tough for the first few weeks; pain seems to increase at night – this is normal – use the medication and ice. You may also use over the counter pain medications, but these should be used cautiously with any narcotic medicines.
Emergency	Notify the office if you develop a fever >101°F, with unusual increase in pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. It could be a concern if your incisions swell or have drainage. If you encounter any problems, please call our office. *If you feel chest pain or shortness of breath, please go to the nearest ER for evaluation. Do not call the office or wait for an appointment; although extremely rare, this could be a blood clot in the lungs.*