



# NJ / PA KNEE & SHOULDER CENTERS

## POST-OPERATIVE INSTRUCTIONS FOLLOWING YOUR KNEE SURGERY

Patient: \_\_\_\_\_ Surgeon: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do not get your dressing wet! You must either sponge-bathe or completely waterproof your leg with a plastic “cast bag” for showers.
2. Elevate your leg as much as possible during the first few days after surgery. Keep your knee and foot above heart level whenever possible and keep a snug, elastic sock on your foot to minimize foot swelling.
3. For the first two weeks following surgery, whenever you are lying down and awake, perform 30 seconds of rotating foot and ankle movements every 15 minutes. Keeping your knee and leg still while “drawing” large circles or alphabet letters in the air with your big toe will work well, exercising your calf muscles to help keep blood clots from forming in your lower leg.
4. You may begin to get up and around (using your crutches) as soon as this seems comfortable to you, but don’t stay up for very long at first.
5. Take your pain medication only as prescribed. **DO NOT DRIVE, OPERATE MACHINERY OR DRINK ALCOHOL WHILE TAKING THIS MEDICATION BECAUSE IT CAN CAUSE SEVERE DROWSINESS.**
6. Take your temperature and record it every 2 to 4 hours, if you begin to feel hot, cold or feverish. Write the time and temperature readings down.

**IMMEDIATELY CONTACT YOUR SURGEON (OR WHOEVER IS COVERING FOR HIM) IF ANY OF THE FOLLOWING OCCUR:**

1. You develop shakes, chills or a fever of 100°F or higher (101.5°F for more extensive operations like knee ligament reconstructions or osteotomies).
2. You experience leg / foot numbness, tingling, or a significant change in the color or temperature of your foot that does not respond to simple leg elevation and foot movement.
3. Your dressing becomes completely soaked with blood. **Note: blood spots on your dressing up to the size of a large grapefruit are not unusual and are not a problem.** If you wish, you may cover them with a folded paper towel and either tape or hold the towel in place.
4. If, after you remove your dressing (i.e., if #1 below is circled), your incision(s) continue to drain or seep, or if your knee becomes red, painful and swollen. **NOTE: Progressively worsening knee pain, with fever, occurring between 1 and 3 weeks after surgery, is often a sign of infection and should not be ignored!** In contrast, fever during the first several days after surgery is common and is only rarely indicative of infection, as long as no unusual or progressively worsening knee pain is present.
5. Pain, tenderness, warmth and/or excessive swelling develop in your calf; and/or you experience chest pain / shortness of breath.

**FOLLOW THE CIRCLED ITEMS BELOW (Disregard all items that are not circled)**

1. Remove your outer, elastic knee bandage wrap and the dressing beneath it in \_\_\_\_\_ days. **Leave the small tape strips (steri-strips) that have been placed over your skin incisions in place.** Place Band-Aids over any skin incisions that are not completely dry. Re-apply your elastic bandage but never wrap it tighter than it was applied in the operating room and make sure you loosen it each night for sleeping. You may now let your leg get wet during showers if your incisions have stopped bleeding / seeping and are perfectly dry. Blot (don’t rub) the Steri-strips dry immediately after each shower.
2. Do not remove your outer elastic bandage or underlying dressing, for showers or otherwise. Keep everything dry!
3. Apply a large ice bag over your elastic wrap/dressing (but do not let it leak or wet your dressing) for the first 48 to 72 hours after surgery. Always use only plain ice cubes or crushed ice (i.e. not dry ice). Never apply any ice bag directly to unprotected skin; only over your dressing, or later, when your dressing is no longer on, over a thin towel.
4. Use your Cryo- (cold) therapy unit continuously for the first few days and then for an hour or two at a time, several times per day after that, for the next two weeks, if possible. (Please see your Cryotherapy Instruction Sheet.)
5. Do not keep your knee in a constant bent position (when lying down) by placing a support or pillow beneath your knee. Whenever your leg is not in (and using) a CPM machine, place a support or pillow underneath the foot and ankle of your operative leg while lying on your back. Gravity will help keep your knee straight, thereby helping avoid problems getting it fully straight later on.
6. Use crutches initially. Begin bearing partial weight on your operative leg whenever this is comfortable and gradually progress in your weight-bearing until the crutches are no longer needed. Avoid long walks or prolonged time on your feet for at least several weeks.
7. No weight bearing on your operative leg. Use both crutches at all times until you are specifically instructed otherwise by us.
8. Refer to your Weight-Bearing / Knee Brace / Showering Instruction Sheet.
9. Refer to your CPM (continuous passive motion) Machine Instruction Sheets.
10. Refer to your Medication Schedule and Instruction Sheets.
11. Refer to your “Pain Care” or “Pain Buster” Instruction Sheet.
12. Take 1 plain or buffered aspirin (not Tylenol) tablet each morning or evening (with food) for the first four weeks after surgery, unless you have an allergy to aspirin, you are taking Coumadin, or your stomach will not tolerate aspirin.
13. **Additional Instructions:** \_\_\_\_\_

In case of an after-hours or weekend emergency, you may reach your surgeon (or whoever is covering for him) by calling: (856) 273-8900.  
 Call the same number during regular business hours to make / confirm your follow-up appointment at our \_\_\_\_\_ office on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ : \_\_\_\_\_ or in \_\_\_\_\_ days.

**ATTESTATION: I have read, understood and will comply with the instructions above, which have been provided for my benefit and proper aftercare.**

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)