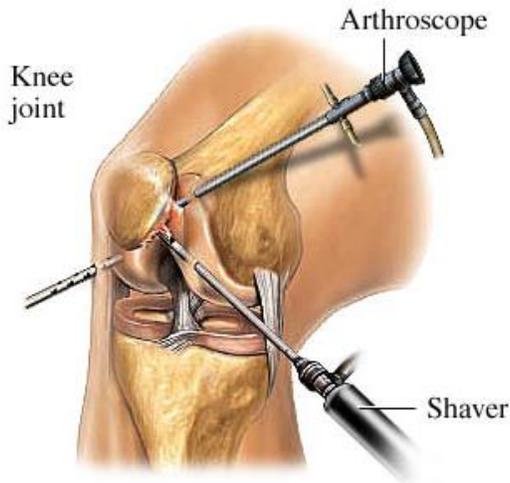


Discharge Guidelines

Lower Extremity Arthroscopy

Please note: These are general guidelines to help answer the most common questions after surgery. The photos in these guidelines WILL NOT necessarily match your exact surgical site. Your surgeon/team may ADAPT these guidelines depending on YOUR SPECIFIC NEEDS and/or current research.



Arthroscope: a device that looks directly into the joint.



Portal sites after arthroscopic knee surgery

Daily Incision Care

- Look at your arthroscopy portal sites and check for drainage, swelling, redness, changes in color, or bleeding. If you detect any of the above problems, contact the surgeon's office.
- If you were discharged with a dressing, you may remove it after 48 hours.
- Most patients have dissolvable sutures, but if you have portal site sutures, they will be removed two weeks after surgery.
- You may shower 2 days after surgery.

Activity

These tips are simply guidelines. Your activity level will vary depending on your other medical conditions.

- Decrease your activities for 72 hours after surgery – no prolonged standing or excessive walking, minimize stair climbing.
- When you arrive home, lie down and elevate your leg above your heart.
- You may get up for meals and use the bathroom, but 24 hours of rest is advisable.
- Ice the knee as much as possible.
- You can put weight on your operated leg, but use crutches to reduce pain and swelling.
- Gradually increase weight bearing on the operated leg after 48 hours and then as tolerated moving forward.
- Return to driving varies by patient. You MUST be off narcotics. It is always best to resume driving after discussion with your surgeon.
- Full recovery should take 4-6 weeks.

Diet

- Your appetite may be less than normal after surgery.
- Incorporate proteins and plenty of fluids into your diet, both of which will help in the healing process.

Medications

- Continue to take your regular medications.
- If necessary, take prescribed pain medication (narcotics) as directed.

- DO NOT drink alcohol or drive while taking narcotic pain medication.
- If you are taking narcotics, you should take some type of laxative to prevent opioid-induced constipation.
- You may be prescribed an aspirin or other anti-coagulation medication to prevent blood clots.

Pain

- Your surgical team understands that you will experience different levels and types of pain following your surgery. You will be prescribed a narcotic, if you wish. Some patients decline a narcotic due to the current opioid crisis and request milder pain medications (tramadol), and/or just take Tylenol alternating with anti-inflammatory medications (Advil, Motrin, Aleve), if tolerated. When we prescribe narcotics, we must do so per current state and federal regulations, which includes a narcotic contract.
- Because of the current focus on opioid addiction, we recommend a multitude of cognitive behavioral techniques, such as imagery, mindfulness, psychotherapy and deep breathing exercises.

Common Problems

- It is normal to feel tired after you are discharged, as well as feeling stiff in your joint.
- If you experience pain and/or swelling, try elevating the site for relief or apply ice – use caution not to leave on more than 20 minutes to prevent frost burn.
- If you develop a firm lump in the incisional area, and your overlying skin looks black and blue, you may have developed a postoperative hematoma (blood collection at the operative site where the mass was removed). Notify your surgeon's office.
- Your leg may seem heavy after surgery. This is due to your muscle weakness. Your strength and ability to control your leg will increase over time.
- You may experience numbness at your portal site. This is normal and usually decreases in time.
- For constipation (not being able to move your bowels), drink plenty of water and non-carbonated fluids, and eat foods that are high in fiber (e.g. bran, prunes, fruit, whole wheat breads). There are numerous over-the-counter medications available to help relieve constipation such as Dulcolax, Magnesium Citrate, or Miralax. Ask your local pharmacist to assist you in finding one that is right for you.
- If you smoked cigarettes before the surgery, DO NOT START SMOKING AGAIN! Smoking (the nicotine) causes constriction of blood vessels preventing adequate blood flow to the operative area and can delay healing. If you need assistance with this, please contact the MGH Quit Smoking Service at 617-726-7443.

Returning to Work/School

- The length of disability following surgery varies depending on the type of work you do. You may return to school or a sedentary type job much earlier than you would return to a job requiring physical labor. You can discuss this with your surgeon.
- In general, we recommend patients refrain from contact sports, lifting or pushing heavy objects, no excessive bending and no prolonged sitting, standing, walking, and climbing until healed and strength has returned.

Follow-up

- Schedule an appointment with your surgeon for 2 weeks from the date of surgery, or sooner if instructed.

Questions/Concerns

- For any questions, call your surgeon/nurse practitioner.
- Drs. Kevin Raskin, Joseph Schwab, Santiago Lozano-Calderon: 617-724-3700
- Doctor of Nursing Practice (DNP) Anne Fiore: 617-724-7630

These instructions are basic post-procedure guidelines. Your surgeon/nurse practitioner may give you more specific instructions. Refer to our website for more information: <http://www.massgeneral.org/orthoncology/education>