



David L. Bernholt, M.D.
Complex Knee and Sports Medicine
University of Cincinnati Medical Center
513-475-8690|bernhold@ucmail.uc.edu



Post-operative Instructions

PATIENT NAME: _____

PROCEDURE: _____

ACTIVITY FOR FIRST 2 WEEKS

- ☐ Non-weight bearing: No pressure may be applied to affected leg.
- ☐ Toe Touch Weight Bearing: A small amount of weight (10 lbs or less) may be placed through affected leg.
- ☐ Partial Weight Bearing: _____ % of your total weight may be supported by the affected leg.
- ☐ Full Weight Bearing: All of your weight may be supported by the affected leg.
 - ☐ Only weight bear with brace locked straight

BRACING

- ☐ No brace: Immobilization is not necessary following your procedure, however you should keep your knee wrapped with an ACE bandage at all times.
- ☐ Hinged brace:
 - ☐ Keep brace locked straight when walking and when sleeping at night. You may unlock when seated but not sleeping.
 - ☐ Keep brace locked straight at night when sleeping. You may unlock when walking non-weightbearing with the crutches, so that you can allow a slight bend in the knee to help clear your toe from the ground.

Hinged knee brace range of motion: _____

WOUND CARE / DRESSING CHANGES

You may remove your dressing 72 hours (3 days) after surgery.

- ☐ You have steri-strips – thin white adhesive strips applied directly to the skin. These are placed on the skin surface since the stitches used to close your incision are dissolvable and under the skin. **DO NOT REMOVE STERI-STRIPS** when you take down initial surgical dressing. Dr. Bernholt will remove these strips at your first post-operative clinic visit. It is okay to leave them open to air after the initial dressing change, or you can place a large bandage over – just try to avoid adhesive from the bandage being in contact with the steri-strips. The steri-strips may begin to peel off on their own prior to your appointment with Dr. Bernholt; it is okay if that happens and you can either use a small scissor to trim off the loose portion or very gently peel off the strip if more than 50% of it is no longer adhered to the skin.
 - ☐ You have nylon stitches on the outside of your skin. There will be no steri-strips on the skin. These stitches are usually removed at your first post-operative visit. It is okay to leave the the incision and stitches open to air, but must people prefer to cover with a bandage as the suture ends can catch on clothing or blankets.
- After initial surgical dressing is removed, it can still be helpful to overwrap the surgical site with an Ace bandage to help with swelling.

SHOWERING/BATHING

You will need to keep your incisions clean and dry for the first **3 days following surgery**. You may shower after 3 days with a cover over the incision until you are 10 days out from surgery.

- **Do not take a bath or swim** until cleared by Dr. Bernholt (usually 2-4 weeks depending on procedure)

Please inspect the incision at least once per day, usually at time of shower.

SIGNS OF INFECTION INCLUDE:

- Redness surrounding incision site, accompanied by increased pain
- Increased temperature surrounding incisions
- Red “streaking” along the affected extremity
- Any discolored drainage from incisions, particularly thick white or white/yellow discharge

BLOOD CLOTS/DVTs

An inherent risk of surgery is blood clots, particularly when non-weightbearing or when less active than usual. Our recommended ways to help lower your risk are one of the following:

- ANTI-COAGULATION MEDICATION

- Lovenox (40mg) – inject into subcutaneous tissue once daily

A blood thinning medication that is taken by injection will reduce your risk of blood clots. Please inject as directed one time daily for _____ weeks. You should not take aspirin while taking lovenox although you may be directed to start aspirin once the lovenox is finished.

- Enteric Coated Aspirin (_____mg) – You should take aspirin _____ daily until you achieve FULL WEIGHT BEARING STATUS.

- ANKLE EXERCISES – perform ankle pumps and/or form the letters of the alphabet with your toes to keep blood flow moving to the heart and prevent clots from forming in the calf. ‘
- TED HOSE/COMPRESSION STOCKINGS – Ted hose can optionally be worn full-time for first 2 weeks postoperative

DIET

You may start back on a regular diet after surgery. It is recommended to start with a light meal the day of surgery.

NAUSEA

A common side effect of anesthesia and pain medications is nausea. You will be prescribed an anti-nausea medication (Zofran – generic name: Ondansetron) postoperative to help relieve these potential symptoms. Should symptoms persist, or you have associated fever, chills, abdominal pain, please contact Dr. Bernholt’s team.

CONSTIPATION

The most common side effect of pain medications is constipation. Please be sure you are taking a stool softener/laxative while on narcotic pain medications, as well as staying hydrated. You will be prescribed Colace postoperatively, however there are additional medications that may be useful. Please see list below. These are over the counter and can be taken in combination together, pending the severity and duration of your symptoms.

1. Miralax
2. Senna
3. Milk of Magnesia

***If you have not had a bowel movement after 3 days postoperative, or have associated nausea/vomit, please contact Dr. Bernholt's team**

PAIN CONTROL

Recovery from surgery will be accompanied by pain. There are multiple treatment modalities that can be utilized to help improve pain. In the United States, narcotic pain medications are commonly provided to help reduce levels of pain post-operatively, but it is important to know that these medications carry significant side effects including constipation, drowsiness, decreased breathing effort or respiration, addiction, among others. Furthermore, narcotic medications do not ultimately improve the underlying cause of pain but rather reduce the pain perceived by the patient.

In order to help improve the post-operative swelling and inflammation causing pain and to limit the amount of narcotic pain medication needed, we strongly recommend routine ice and elevation throughout the first week following surgery:

ICING

- Apply ice to the surgical site for 15-20 minutes every 1-2 hours for the first 72 hours after surgery. Recommend continuing icing with regularity until pain and swelling of the knee have resolved.
- To protect your skin, put the ice on top of the ace wrap while surgical dressing is in place. After dressing is removed, a thin towel or clothing may be placed between the ice and skin to avoid frostbite.

ELEVATION

- Similar to icing, this should be done with high regularity over the first 72 hours after surgery.
- Ensure the knee is in full extension when elevating. It is helpful to place a pillow or rolled towel under the heel. AVOID putting pillows under the knee exclusively as this results in flexion of the knee and if held in this position for prolonged periods, it can be difficult to regain terminal extension.

You will be prescribed narcotic pain medication:

- ☐ Hydrocodone/acetaminophen (____/325mg) – Take 1-2 tabs by mouth every 4-6 hours as needed for pain. *This is typically given for knee arthroscopy positions that do not require significant bony work or additional incisions
- ☐ Oxycodone (____) – Take 1-2 tabs by mouth every 4-6 hours as needed for pain. *This is typically given for more involved procedures
- ☐ Tramadol (____) – Take 1 tab by mouth every 6-8 hours as needed for pain. *This medication can be given by request if patient is trying to avoid hydrocodone or oxycodone

PAIN CONTROL - Continued

- Use pain medications as prescribed, and wean as soon as possible. Do not drive or operate machinery while using narcotic pain medication.
- Take Extra Strength Tylenol in addition to narcotic pain medications for additional pain control. **DO NOT** consume more than 4g daily of Tylenol/Acetaminophen. Be aware of other medications that have Tylenol in them.
- Avoid NSAIDs/anti-inflammatories (ibuprofen, naproxen) until approved by Dr. Bernholt
- Additional multimodal pain medication may be prescribed to aid in limiting the amount of narcotic medication needed:
 - Gabapentin – This is helpful for nerve pain. This medication will be started at a low dose that can be increased if needed, but the increase must be done slowly
 - Robaxin/methocarbamol – This is a muscle relaxer that can also help with pain and discomfort. It may be taken every 6-8 hours as needed, and does not need to be taken on a scheduled basis.

ANTIBIOTICS – If you are going home the same day of surgery, you may be given a prescription for antibiotics. Take the first pill when you get home, and then take as directed on prescription until all pills are gone.

FOLLOW-UP

- If a post-operative appointment has not been made, please contact our office at **901-759-3131** to schedule an appointment for 2 weeks after surgery with Dr. Bernholt, as available.

EMERGENCY SYMPTOMS TO BE AWARE OF POSTOPERATIVELY

- If you have a fever > 101.8 F (*after the first day*), redness or draining from the incision site, and/or numbness, tingling or discoloration of the foot, **EXCESSIVE** pain or swelling, **CALL (901) 759-3131** during regular business hours, or after clinic hours **CALL (901) 759-3100** for immediate assistance.
- If your calf becomes significantly swollen, red or painful, go to your nearest emergency department.
- If you begin to have severe chest pain and shortness of breath, please **call 911**

