



**THOMAS KREMEN, MD**

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

(424) 259-9856 OFFICE

(424) 259-6599 FAX

## Post-Op Instructions

### Procedure: Knee irrigation and debridement

#### IMPORTANT INFORMATION

- After discharge, look at the list of discharge medications discussed and given to you by your nurse or physician. Take all medication exactly as prescribed and remember to look at the information sheets (provided by the pharmacy) for medication side effects of interactions.
- Become aware of the Danger Signals listed below
- DO NOT drink alcohol while you are taking pain medication.
- DO NOT operate machinery, drive a vehicle, sign legal documents or take responsibility for another person while you are taking pain medication.
- DO NOT return to work/school OR drive a car until you have been given permission by your physician.

Please read these instructions carefully:

1. The first night after surgery you may see some blood on your dressing. This is normal. It is best to have the blood drain out of the knee onto the dressing rather than have it build up in your knee causing swelling and pain. If the dressing becomes extremely bloody reinforce the dressing with 4 x 4 gauze and call our office.
2. Your drain should be removed prior to discharge from the hospital
3. **You will be using crutches or a front-wheeled walker for approximately 4 weeks after surgery.** You are permitted to bear full weight on your operative leg, however your knee will be painful so only bear as much weight as you can handle from a comfort standpoint. **Use two crutches or the front-wheeled walker at all**

- times until** you have specifically been instructed to by Dr. Kremen. The use of only one crutch is not recommended.
4. Use your front-wheeled walker or crutches whenever ambulating even when it is only a short distance. Be very careful not to fall, especially if you get up in the middle of the night or when sedated.
  5. Return to the office for post-op visit about 2 weeks after surgery for a wound check and to ensure you have established a relationship with an infectious disease doctor and a physical therapist.
  6. Formal physical therapy will usually start about 2 weeks after surgery depending on how well you ambulate with Physical Therapy (PT) while in the hospital. Sometimes formal PT is not necessary.
  7. It is best to not shower until after your first clinic visit after surgery. If you must shower, any brace you have and your dressings must be covered by 2 separate waterproof covers or bags sealed above the brace and dressings. It is important to keep the incisions dry until the sutures have been removed at your first clinic visit after surgery (about 2 weeks after surgery). After removal of your stitches, you may shower normally, however, no submerging of the incisions in a bath, pool, lake, ocean or other body of water for at least 1 month. When showering try not to have the stream of water directly on the incision. After showering, do not scrub the area dry, instead pat the area dry with a clean towel. Steri strips have a tendency to come off in the shower. Replace steri strips as needed for about 1 month to enhance scar appearance.
  8. Avoid prolonged sitting/standing/walking for the first 2 weeks after surgery. Alternate your positions.
  9. For the first 2 weeks after surgery keep your leg elevated at all times when you are sitting or lying down and try to lay down as often as possible. It is very difficult (almost impossible) to elevate your leg appropriately when sitting. The goal is to elevate the knee above the level of your heart as often as possible.
  10. You can expect to see some swelling in your foot and calf on the affected side. This is normal. Keeping your leg elevated minimizes this swelling. If the swelling does not improve with elevation of the knee, please call the office.
  11. Take your pain medication (oxycodone) as directed on your prescription. Do not wait until the pain is intolerable. It takes 30 - 40 minutes to feel the effects of the medication after swallowing it, so start taking the medicine when it begins to hurt. Consider taking the medication when your pain level starts to interfere with your ability to concentrate on what you are doing – reading a book, watching TV, carrying on a conversation.
  12. Other possible medications given include anti-nausea medication ( Phenergan or Zofran) and possibly a blood thinner (usually lovenox or enoxaparin injections). Use them as directed. It is OK to resume your daily aspirin at home if that is one of your usual medications.
  13. Eat your normal diet.

14. Only return to work when you are specifically instructed to by Dr. Kremen. If you have a desk job you can return to work approximately a few days to 2 weeks after surgery. Consider returning for half days temporarily.
15. No vigorous activities and keep the leg elevated as much as possible.

## **Constipation**

The medications you have been prescribed for pain control can cause constipation in most people. This can be a problem. It may last as long as you are taking the medication. It is important to learn how to prevent and treat constipation. Some suggestions are included below:

1. Eat foods that have helped relieve constipation in the past
2. Eat foods high in fiber or roughage.
  - a. Fruits – fresh or dried fruits, especially those with skin or seeds (apples, pears, peaches, tomatoes, berries, raisins, and dates
  - b. Raw or cooked vegetables
  - c. Cereals and flours – bran, whole wheat bread
  - d. Drink prune juice
4. Sprinkle 1 – 2 tablespoons of unprocessed bran to you food.
5. Drink plenty of fluids - eight to ten 8-ounce glasses a day

If you experience any serious problems or concerning symptoms, please call our office at:

- Regular business hours: **424-259-9856**
- After hours/weekends: 310-206-6766 and ask to be connected with the doctor on call for the Sports Medicine Service.

## **Warning Signs. Call the office if you notice any of the following symptoms:**

- Chills or fever over 101° F.
- Bleeding or fluid draining from the incision more than 5 days after surgery.
- Foul smell/cloudy drainage from the operative site.
- New numbness or newly discovered inability to move a specific muscle
- Increased pain
- Wound edges opening (dehiscence)
- Excessive redness at the incision site or swelling/puffiness around the knee/incisions
- Increasing pain, particularly in your calf muscle
- If you experience significant chest pain or shortness of breath, please call 911 and/or go to your local emergency room immediately as this may represent a life-threatening emergency. Please call our office to keep us informed of any such events.

You have been prescribed a pain medication which has a number of side effects. Most common side effects are drowsiness, nausea and/or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact the office during regular business hours to have a new prescription written. **Most narcotics cannot be prescribed over the phone. If you need a prescription refilled call 424-259-9856 and have your pharmacy fax the refill request to 424-259-6599.** Please allow 48 hours for this to be completed. After hours (after 5:00 PM or weekends), the on-call physician will not refill a prescription or call in a new pain medication prescription.

#### **REHABILITATION:**

**The rehabilitation after surgery is an individual process,** some patients may progress a bit slower or quicker than others.