

KNEE ARTHROSCOPY

Your First Two Weeks After Surgery

Your surgery is done, and now the recovery starts. This guide walks you through the first two weeks, from the day of surgery until **your PA visit at 2 weeks** (your follow-up with our physician assistant). Keep it somewhere handy. It answers most of the questions patients call us about. Your medicines are covered in the separate **Medication Guide** that comes with it.

YOUR PLAN AT A GLANCE

WEIGHT ON YOUR LEG	Full weight right away. Crutches only if you want them for comfort, for a few days
BRACE	None needed
BENDING	No limit. Bend as much as comfort allows from day one
STRAIGHTENING	Fully straight is the #1 priority. Never rest with a pillow under your knee
PHYSICAL THERAPY	Usually a home exercise program . Formal PT only if we order it (if we discussed it or you would like it), starting 5 to 7 days after surgery, 2 visits a week
SHOWERING	Starting 48 hours after surgery. No baths, pools, or hot tubs for 4 weeks
FOLLOW-UP	Your PA visit at 2 weeks
QUESTIONS	(425) 656-5060 , day or night

What We Did

A knee arthroscopy (ar-THROS-co-pee) is surgery done through **a couple of small cuts** with a small camera and thin instruments. We **cleaned up the problem** inside your knee. This may have included removing loose pieces, trimming irritated tissue (such as a fold called a **plica**, or inflamed joint lining), smoothing rough cartilage, removing a ball of scar tissue (a **cyclops lesion**), or taking a small cartilage sample.

Nothing was repaired or rebuilt, so you can walk on the leg and bend it right away. Your recovery depends mostly on **swelling**. Fluid in the knee shuts off your quad (the big muscle on the front of your thigh) by reflex, no matter how hard you try. The faster the swelling goes down, the faster your quad wakes up.

Your two jobs for the next two weeks

- **Calm the swelling.** Ice, elevation, and compression, and don't overdo standing and walking in the first week. This is the job that speeds up everything else.
- **Get the knee fully straight and wake up your quad.** A knee that doesn't fully straighten changes the way you walk. Quad sets every hour turn the muscle back on.

Day by Day

What to do, and what to expect, from the day of surgery to your PA visit.

DAY 0

The Day of Surgery

Goal: Rest, ice, elevate, and keep the knee straight.

Rest today. The main goal is to **prevent swelling and pain** and get your recovery started. **Icing and elevation** are the two best ways to do that.

- **Keep the knee straight.** When lying in bed or on the couch, put a pillow **under your calf**, not under your knee. The knee should rest fully straight.
- **Ice right away.** Put the ice machine pad directly over the ACE wrap. Use it **20 minutes on, 20 minutes off**.
- **Avoid sitting with your leg down or walking too much** today. Both increase swelling and pain.
- **You can put full weight on the leg** to get to the bathroom and kitchen. Use crutches if they make you feel steadier.
- **Ankle pumps:** point and flex your foot 20 times every hour you are awake. This keeps blood moving in your calf.

Stay ahead of the pain

Most patients feel pretty good the day of surgery because of the medicine given during surgery. It wears off over the first night. **Take your pain medicine before bed on the first night, even if you feel fine.** It is much easier to stay ahead of pain than to catch up to it.

Before bed tonight

- ☐ Pain medicine taken
- ☐ Ice machine on, leg elevated on a pillow under the calf
- ☐ Ankle pumps done
- ☐ Crutches (if you are using them) next to the bed

DAY 1

The Day After Surgery

Goal: Take off the bulky dressing and start moving.

1 Remove the bulky dressing

Remove the ACE wrap. **Save the ACE wrap.** Under it are gauze pads. Some dried blood on the gauze is normal. Throw the gauze away. Underneath are small tape strips on your skin called **Steri-Strips. Leave them alone.** They fall off on their own in 2 to 4 weeks. No Band-Aids needed. **No creams, lotions, or ointments** on the knee for 4 weeks.

If the gauze is soaked through or an incision is actively dripping, call **(425) 656-5060**. This is very unlikely.

2 Rewrap for swelling

Put the ACE wrap back on, snug but not tight, from just below the knee to just above it. Gentle compression helps keep swelling down between icing sessions. If your foot tingles or feels cold, loosen it.

3 Work on straightening first

- **Heel props:** Lie on your back with a rolled towel **under your heel**, nothing under the knee. Let gravity gently straighten the knee. Do this for 10 to 15 minutes, twice a day.
- Your knee should rest as straight as your other knee. If it doesn't, let us know. Straightening comes first. Bending usually comes back on its own.

4 Start bending your knee

- Lie on your back in bed.
- Slide your heel along the bed toward your bottom, using your hands or a towel around your foot to help.
- You will feel pressure in the knee. That's okay, but there is no need to force it. Use common sense. Swelling makes bending harder in the first few days.
- Slide the heel back down until the knee is straight again. Repeat several times a day.

5 Wake up your quad

- **Quad sets:** With your leg straight, tighten the muscle on the front of your thigh by pushing the back of your knee down into the bed. Try it on your other leg first to feel what it should feel like. Hold 6 to 10 seconds, then relax. Do sets of 10 to 15, **every hour you are awake**.
- **Straight-leg raises:** Tighten the quad first, then lift the straight leg 6 to 12 inches off the bed and hold for a few seconds. If the knee sags as you lift, keep working on quad sets. Your strength will come back.

The two positions for your knee

Your knee should be in one of two positions: **out straight, or working on motion**. The most comfortable position is "slightly bent," with a pillow under the knee. **Avoid that position.** Either keep the leg straight or work on bending.

DAYS 2–7

The Rest of the First Week

Goal: Swelling going down, knee fully straight, quad firing, home exercises every day.

- **Ice 20 minutes on, 20 minutes off** while you are awake, with the ice machine or ice bags, and **always ice after exercising**. Keep the leg elevated when resting.
- **No heat** on the knee (no heating pads or warm soaks) for the first two weeks. Heat increases swelling.
- **Keep working on straightening and bending** with the exercises above.
- **Quad sets every hour** you are awake, and straight-leg raises several times a day.
- **Do your home exercise program every day.** We usually recommend it instead of formal physical therapy. If we discussed formal PT at your pre-op visit, or you would like to do formal PT, we can arrange it. It starts **5 to 7 days** after surgery, usually 2 visits a week. We can also arrange it at your 2-week PA visit.
- **Shower starting 48 hours after surgery.** See the Frequently Asked Questions.
- **Swelling peaks around days 2 and 3**, and bruising may creep down to your ankle. Both are normal.
- **Don't overdo it.** Short walks around the house are fine. Long walks, shopping trips, and standing for a long time make the knee swell and set your quad back.
- **Crutches:** if you are using them, stop as soon as you can walk comfortably. Most people only need them for a few days.

- **School or desk work:** most people are ready **3 to 5 days** after surgery. Keep the leg up and ice when you can.
- **Start cutting back the narcotic pain medicine** as the pain allows. See your Medication Guide.

Is my knee swelling too much?

Some swelling is normal for a few weeks. But if the knee gets **noticeably bigger, tighter, or warmer the morning after** a busy day or a hard exercise session, that is your knee telling you it did too much. Back off for a day or two: more ice, more elevation, fewer steps. If you are doing formal PT, let your therapist know.

WEEK 2

Until Your PA Visit

Goal: Less swelling, full motion, a normal walk.

- **Keep the knee fully straight.** This stays the #1 priority.
- **Bending:** most people are close to full bending by now. If the knee is stiff, tell us. We can add formal PT.
- **Stationary bike:** the stationary bike can start once you can bend your knee to about 100°, often in the first week or two. Use low resistance for 10 to 15 minutes.
- **Walking:** the goal is to walk without a limp and without crutches by the end of week 2.
- **No running, jumping, or leg extension machine yet.** These come later, once the swelling is gone and your quad is strong.
- **Keep doing your home exercises** (and PT, if you are going), and ice after every session.

Your PA visit at 2 weeks

We will check your incisions, your swelling, your motion, and your strength, review how your exercises are going, and answer your questions. We can arrange formal PT at this visit if you need or want it. Write your questions down as they come up, and bring this guide.

Managing Pain

Your medicines are explained on the separate **Medication Guide** that comes with this packet. Medicine is only one of the tools you have. These have been shown to lower pain and the amount of narcotic medicine people need:

- **Ice, elevation, and the anti-inflammatory medicine.** These three together are your best tools for pain and swelling.
- **Mindfulness meditation** has been shown to help with pain after surgery. Guided meditations are free at mindfulness-for-pain.mindful.org.
- **Listening to music** lowers pain levels and the need for narcotic pain medicine after surgery.
- **Accept that some pain is part of healing.** Your body sends blood flow and energy to the areas that hurt, and that is part of recovery. After the first couple of days, our goal is a pain level of about **6 out of 10 with medicine**. "Zero pain" is not the goal.

Expect pain to be worst on days 2 and 3. Most patients feel pretty good the day of surgery because of the medicine given during surgery. Then things get sorer before they get better. This is normal and it passes.

Constipation

Narcotic pain medicine commonly causes constipation. Try these in order:

1. Cut back on the narcotic pain medicine if your pain allows.
2. Drink plenty of water and other decaf fluids.
3. Eat dried prunes or drink prune juice.
4. Take Senna (Senokot), an over-the-counter laxative.
5. Add Miralax, a stronger over-the-counter laxative.
6. If you have not had a bowel movement in 5 days, call the office.

Your Ice Machine

If you have an ice machine (most of our patients have the **Breg Polar Wave**), **use it a lot**. It is one of the most effective tools you have for swelling and pain, especially in the first two weeks.

- **Use it 20 minutes on, 20 minutes off**, as often as you can while you are awake.
- **Day of surgery:** Put the pad on right over the ACE wrap and bandage. The dressing protects your skin.
- **Compression is fine from day one.** If your machine has a compression setting, use it. Cold plus compression controls swelling better than ice alone.
- **After the bulky dressing comes off:** Always keep a thin layer (a t-shirt, pillowcase, or the ACE wrap) between the pad and your skin. Check your skin each time you take the pad off.
- **Keep the leg elevated while icing.** Ice works best when the leg is above your heart.
- **No ice machine?** Bags of ice or frozen peas wrapped in a thin towel work well, on the same 20 minutes on, 20 minutes off schedule.

Eat to Heal

What you eat has a **direct effect on how well and how fast you recover**. After surgery your body breaks down muscle to get the building blocks it needs for healing. Good nutrition lets it rebuild instead.

- **Protein:** Aim for 1.6 to 2.0 grams per kilogram of your ideal body weight each day. Most people eat far less. A protein shake is an easy way to close the gap when your appetite is low.
- **Creatine:** 10 grams a day. It helps muscle energy and lowers inflammation, and it is one of the most studied and safest supplements. Let your other doctors know you take it, since it can raise a kidney number (creatinine) on blood work.
- **Vitamin D:** 2,000 to 5,000 IU a day. Important for bone healing and your immune system.
- **Vitamin C:** 500 mg twice a day. Your body needs it to make collagen, the protein that holds tendons, ligaments, and your repair together.
- **Collagen peptides:** 10 to 20 grams a day, taken with the vitamin C.
- **Water:** 8 to 10 glasses a day. Well-hydrated patients have less pain, nausea, and fatigue.

The full nutrition guide is at merrittsurgery.com/surgeries/nutritional-optimization

Is This Normal?

Use this page to decide whether to wait it out, call us, or call 911.

OK NORMAL

NORMAL — expected after surgery

- **More swelling on days 1 to 3** than on the day of surgery
- **Bruising** that spreads down the shin, calf, ankle, and even the foot over the first week (gravity pulls it down)
- Some **bloody fluid** on the bandage for the first 24 to 36 hours
- A **low fever up to 100.5°F** for the first 2 to 5 days. Deep breaths help bring it down
- **Numbness** around the incision and nearby skin. It usually improves, but can take 6 to 12 months
- A **warm** knee for a few weeks
- Trouble sleeping, low energy, or feeling down for a few days

CALL CALL US

CALL US — (425) 656-5060

- **Temperature of 101.5°F or higher**, or shaking chills
- **Redness that spreads** away from an incision, or drainage that is cloudy, smells bad, or soaks the gauze
- Any drainage that **starts or continues after day 4**
- **Calf pain or swelling that keeps getting worse**, especially if it is only in one leg
- Pain that is **not controlled** by your medicines
- Nausea or vomiting that keeps you from keeping down fluids or medicine
- **Unable to urinate** for 8 hours after surgery
- **Black or tarry stools**, vomiting blood, or bleeding that won't stop
- **Foot that is numb, tingling, cold, or pale** and doesn't improve after loosening the ACE wrap

911 EMERGENCY

CALL 911

- **Chest pain**
- **Shortness of breath** or trouble breathing
- Coughing up blood
- Fainting or passing out
- **Very sleepy, hard to wake up, or slow or shallow breathing** (possible narcotic overdose)
- Swelling of the face, lips, or throat, or a widespread rash (allergic reaction)

Don't see an answer to your question here?

Call our office at **(425) 656-5060**, day or night
Learn more at **merrittsurgery.com**

Frequently Asked Questions

How much weight can I put on my leg?

Full weight, right away. Nothing was repaired, so walking won't hurt anything inside the knee. Crutches are only for comfort or balance in the first few days. Stop using them as soon as you can walk comfortably.

Do I need a brace?

No. You do not need a brace after this surgery.

How much can I bend my knee?

As much as is comfortable. There is no limit. Just remember that **straightening comes first**. If the knee won't go fully straight, spend more time on heel props and quad sets and let us know.

When can I shower?

Starting **48 hours after surgery**. Take off the ACE wrap and leave the Steri-Strips on. Let soapy water run over the knee, but don't scrub it. Pat it completely dry. **No baths, pools, or hot tubs for 4 weeks**, until the incisions are fully healed.

Do I need to change the bandage?

After you remove the bulky dressing on day 1, you usually don't need any bandage. If an incision drains a little, put a gauze pad over it and hold it with the ACE wrap. **Do not remove the Steri-Strips**, even if they get wet or bloody. They fall off on their own.

Do I need stitches out?

No. The incisions were closed with dissolving stitches. Nothing needs to be removed.

Why does my knee still swell after I walk around?

Swelling after activity is normal for the first few weeks, and it is your best guide to how much is too much. If the knee is bigger and tighter the next morning, cut back for a day or two and ice more. Heat makes swelling worse, so skip heating pads and hot soaks for now.

When can I drive?

Right knee: usually about 1 week. You must be **off crutches, off all narcotic pain medicine, and able to brake hard**. **Left knee (automatic car):** often within a few days, once you are off all narcotic pain medicine and feel safe. There is no set date, and it is not up to your surgical team to release you. The rule is that you must be a safe, unimpaired driver.

When can I go back to school or work?

School or a desk job: most people are ready **3 to 5 days** after surgery. Jobs that involve standing, walking, or lifting usually take a few more weeks. We'll plan that together at your visits.

Do I need formal physical therapy?

We usually recommend a **home exercise program** instead of formal physical therapy. If we discussed formal PT at your pre-op visit, or you would like it, we can arrange it (5 to 7 days after surgery, usually 2 visits a week), or at your 2-week PA visit. Either way, the exercises are what matter.

When can I exercise or play sports again?

The stationary bike can start once you can bend your knee to about 100°, often in the first week or two. Outdoor cycling is usually fine at **weeks 2 to 3**, and swimming at **about 4 weeks**, once the incisions are fully healed and the swelling is controlled. Running usually starts around weeks 4 to 6, once your quad is strong and the knee no longer swells.

Can I travel or fly?

Long car rides and flights raise the risk of blood clots. It's best to avoid them in the first two weeks. If you must travel, get up and walk every hour, do ankle pumps often, and keep taking your aspirin. Please let us know before you go.

How do I get a refill?

Call **(425) 656-5060** during business hours, Monday through Friday, a day or two before you run out. Narcotic pain medicine cannot be refilled after hours or on weekends.

YOUR MEDICATION GUIDE

Smaller Procedures

After surgery you go home with a small team of medicines. **Each one has a specific job**, and they work best together. This guide explains what each medicine is for, how to take it, and when to stop. Your prescription labels have your exact doses. If anything here differs from your label, follow the label and call us.

This guide is for knee arthroscopy, meniscectomy, clavicle fracture repair, and other smaller procedures.

Your Medicines at a Glance

These are my standard medicines after this surgery

Your plan may be different because of your allergies, your health history, or a different plan for pain or blood thinners (anticoagulation). If we discussed a different plan with you, follow that plan and your prescription labels.

Type	Medicine	Its job	How to take it
SWELLING	Anti-inflammatory medicine usually meloxicam (Mobic)	Calms swelling and inflammation where you had surgery, which also lowers pain.	Twice a day, with food
PAIN	Acetaminophen (Tylenol)	Works on pain in a different way than the other medicines, so together they work better with fewer side effects.	Every 8 hours
CLOTS	Aspirin 81 mg baby aspirin	Thins the blood slightly to prevent blood clots after surgery while you are less active.	Twice a day, unless you were given a different blood thinner plan
PAIN	Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)	Takes the edge off strong pain so you can rest, sleep, and do your exercises.	As needed
HELPER	Anti-nausea medicine ondansetron (Zofran) If prescribed	Settles nausea from anesthesia or the narcotic.	As needed
HELPER	Miralax and Senna	Treat constipation from the narcotic, if it happens.	Only if constipated
HELPER	Omeprazole 20 mg Prilosec	Protects your stomach if the anti-inflammatory or aspirin upsets it.	Only if stomach upset

A Typical Day

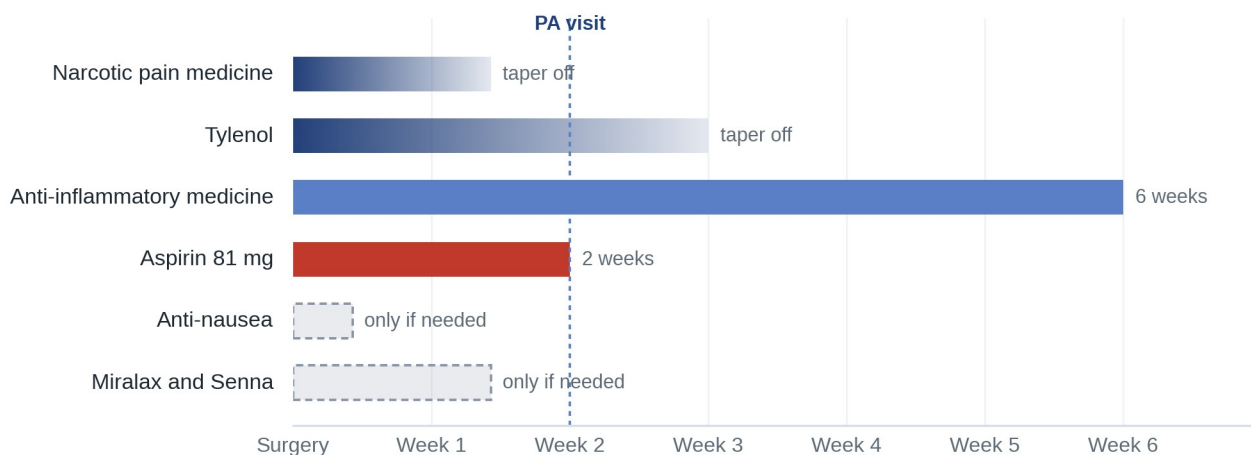
Scheduled medicines, spread through the day. Take the morning and bedtime doses with food or a snack.

Medicine	Morning with breakfast	Afternoon around 3 pm	Bedtime with a snack
Anti-inflammatory medicine	●		●
Acetaminophen (Tylenol)	●	●	●
Aspirin 81 mg	●		●

Only when needed: Narcotic pain medicine; Anti-nausea medicine; Miralax and Senna; Omeprazole 20 mg. Follow the label for how often.

How Long to Take Each One

Solid bars: take every day for the full time. Fading bars: taper off as you feel better. Dashed: only if needed.



Stop them in this order

- 1. Narcotic first.** Most people need it for a few days to 1 to 2 weeks.
- 2. Aspirin at 2 weeks. Always finish the full course.** It protects against clots, not pain, so how you feel doesn't matter.
- 3. Tylenol next,** once your pain is manageable without it.
- 4. Anti-inflammatory last, at 6 weeks.** We can discuss more at that visit.

Each Medicine in Detail

Anti-inflammatory medicine usually meloxicam (Mobic)

Its job: Calms swelling and inflammation where you had surgery, which also lowers pain.

How to take it: Take **twice a day** (morning and evening) **with food**, as directed on the bottle. Keep taking it for **6 weeks**, even when you feel good. We can discuss continuing it at your 6-week visit.

- **Do not add ibuprofen (Advil, Motrin) or naproxen (Aleve).** They are the same family of medicine, and taking two together raises the risk of stomach bleeding.
- Not prescribed if you are allergic to anti-inflammatories. If you already take your own anti-inflammatory, keep taking yours instead.

Acetaminophen (Tylenol)

Its job: Works on pain in a different way than the other medicines, so together they work better with fewer side effects.

How to take it: Take **1,000 mg (two 500 mg tablets) every 8 hours**. Continue until your pain is manageable without it.

- **WARNING: Never take more than 3,000 mg of acetaminophen in a day from all sources combined.** Too much can seriously damage your liver.
- Some narcotic pills (such as Norco or Percocet) and many cold and flu medicines also contain acetaminophen. If yours does, it counts toward the 3,000 mg. We usually prescribe plain oxycodone for this reason. If you are not sure, ask your pharmacist or call us.

Aspirin 81 mg baby aspirin

Its job: Thins the blood slightly to prevent blood clots after surgery while you are less active.

How to take it: Unless we have discussed a different blood thinner plan with you, take **1 tablet twice a day** (morning and evening) for **2 weeks**. Finish the whole course, even if you feel great.

- **Some patients get a different blood thinner instead of aspirin**, for example if you already take one (such as Eliquis, Xarelto, or warfarin) or need a stronger one after surgery. If we have discussed a different plan with you, follow that plan instead of these aspirin instructions, and do not take aspirin on top of it unless we tell you to.
- If it upsets your stomach, take omeprazole (below).

Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)

Its job: Takes the edge off strong pain so you can rest, sleep, and do your exercises.

How to take it: Take as directed on the bottle, **only as needed** for pain. Use the lowest dose that keeps your pain around 6 out of 10.

- **Do not drive**, drink alcohol, or take sleeping pills or anxiety medicine (like Ambien or Xanax) while taking it.
- It causes constipation. See Miralax and Senna below.
- **This is the first medicine to stop.** See "Stop them in this order" on page 2 for how long most people need it.
- Store it out of reach, and take any leftovers to a pharmacy drop box when you are done.

Anti-nausea medicine ondansetron (Zofran)

If prescribed

Its job: Settles nausea from anesthesia or the narcotic.

How to take it: Take as directed, **only as needed** for nausea. The dissolving tablet goes on your tongue if you can't keep pills down.

Miralax and Senna (over the counter)

Its job: Treat constipation from the narcotic, if it happens.

How to take it: Only if you become constipated. Start with Senna, and add Miralax if you still need it. Follow the package directions, and see the constipation steps in your post-op packet. Stop when you stop the narcotic.

Omeprazole 20 mg (over the counter) Prilosec

Its job: Protects your stomach if the anti-inflammatory or aspirin upsets it.

How to take it: Only if you get an upset stomach or heartburn: take 1 capsule once a day, 30 minutes before breakfast.

- If you already take a stomach medicine (Prilosec, Nexium, Protonix, Pepcid), keep taking yours instead.

Questions about your medicines?

Call our office at **(425) 656-5060**, day or night.

Refills: call during business hours, a day or two before you run out.

Call 911 for trouble breathing, or swelling of the face, lips, or throat after taking a medicine.