



Knee Scope Surgical Preparation

Preoperative visit:

One (1) week before your surgery you will have a pre-operative appointment with your physician or physician assistant (PA). At that visit they will review your medical status, check for your clearance from your Primary Care Provider, discuss your medications, the surgical procedure, potential risks and postoperative expectations. Please bring a list of your medications and dosages with you to this appointment. You may also find it helpful to write down any questions you may have.

Medications:

If you are on blood thinning medications (Coumadin, Warfarin, Plavix, Ticlid) it must be discontinued prior to surgery. You must check with your Primary Care Provider before discontinuing this medication. If you are taking aspirin or anti-inflammatories (Advil, Ibuprofen, Aleve) or narcotics please stop taking them 7-10 days prior to your scheduled surgery. Discontinue taking the following herbal supplements: Garlic, Ginseng, Gingko Balboa, Fish Oil and Vitamin E 7-10 days prior to your scheduled surgery.

Attire:

- Wear loose, comfortable clothing the day of surgery (sweat pants, shorts, button-up shirts and footwear that easily slip on/off, such as slippers.)
- Leave all jewelry at home.
- Leave contacts at home, but bring your glasses with you.

Other:

- Do not shave your operative leg for 3 (three) days prior to your surgery date.
- Please do not wear make-up, lipstick, perfumes, lotion or nail polish on the day of surgery.
- Please bring a list of all your medications and dosages with you on the day of your surgery

VERY IMPORTANT:

- Do not have anything by mouth (food, liquids, gum, mints, water or tobacco) after midnight before your scheduled surgery.
- If you develop any open wounds, sores, a cold or any active infections you need to contact your surgeon prior to your surgery.

Knee Scope Hospital Course

Anesthesia:

You will receive general anesthesia during your surgery. After your surgery is completed you will go to the recovery room. Your surgeon will speak with your family members at this time. Your family should allow approximately one hour after they speak to the surgeon before they will have an opportunity to see you.

Medications:

- In recovery the nurses will work with you to keep your pain controlled after your surgery, initially with IV medication(s) and advancing to oral medication(s).
- Your post-operative pain medication(s) will help decrease the level of pain but it is not meant to take the pain completely away. Some pain is expected.

Discharge:

- This is an outpatient surgery procedure and you will be discharged from recovery approximately 1-2 hours after surgery is completed.
- You will be given an appointment to be seen approximately 10-12 days after your surgery for your post-operative visit. Your appointment should have been on the confirmation letter from your surgeon's surgical coordinator. If you do not have an appointment or need to adjust the appointment, please contact your surgeon's surgical coordinator.
- You will be given more specific discharge instructions and restrictions at the time of your discharge.

Discharge Instructions:

After you are discharged from the hospital:

Anesthesia:

The anesthetic medication(s) given to you today will remain in your system for approximately 24 hours. You may feel dizzy or lose your sense of balance. Your fine motor control may be changed and your judgment affected. Your reaction time for activities will be slowed. You may not recognize any of these changes. For your safety, we have some strict instructions/recommendations for you to follow.

- It is important to protect your surgical procedure so follow the aforementioned guidelines
- For the first 24 hours you should not be alone; a responsible adult should remain with you

Diet:

- You may resume your regular diet as tolerated.
- It is important to maintain a healthy, balanced diet.
- For the first 24 hours, maintain a bland diet with small, frequent portions; not "meals"
 - Chicken, rice, mashed potatoes, etc. with a few spices
- Include plenty of fluids, as iron pills and pain medications tend to cause constipation
 - Clear fluids: water; 7up; Sprite; Gatorade; Ginger Ale; apple/cranberry juice

Medication:

- You were given prescriptions at your preoperative visit
- It is recommended that you take your pain medication as prescribed for the first 24 hours, then as needed for pain management.
- Your post-operative pain medication will help decrease the level of pain but is not meant to take the pain completely away. Knee surgery is painful and some pain is expected for 5-7 days.
- Most people are off their pain medications in 5-7 days. Refills will be given during this time per the Medication Refill Protocol sheet you received with this preoperative packet.
- You should not drive, use potentially dangerous appliances/equipment, make any major decisions, or drink any alcohol while you are still taking pain medications.
- Pain medications can cause drowsiness, nausea, itching and constipation. Take your medication with food to decrease chance of nausea.

Therapy:

- You will be given a prescription for physical therapy specific for your surgical procedure at your discharge.
 - You should arrange for this to begin the week after your surgery.
- Following surgery there will not be any formal physical therapy for the remainder of the week of your surgery. However, during this time it is very important that you complete your home exercises (straight leg raises, quad sets, range of motion, ankle pumps) as instructed, twice a day every day during this time period.
- It is very important that you complete your home exercises to prevent stiffness.
- Following your surgery you may be placed in a knee brace.
 - Specific instructions on weight bearing status and range of motions will be given to you prior to discharge.
- Any other specific post-operative restrictions or instructions will also be discussed with you by your surgeon prior to your discharge.

Swelling:

- The swelling in your operative extremity is normal. This will gradually decrease over time.
- If swelling occurs, rest and elevate the extremity. Ice the knee and elevate the extremity on 1-2 pillows. Moving your toes and performing ankle pumps and gently bending and straightening the knee will also assist with decreasing some of the swelling and decrease stiffness.
- Ice the area 20 minutes on/off for the first 48 hours, then whenever able or at least 3 times a day minimum for the first week after surgery; then as needed.
- Apply Polar care unit 1 hour on/off for the first 48 hours, then when at rest or as needed for swelling/pain.

Pain:

- Knee surgery is and can be painful and some pain is expected for 5-7 days.
- Some pain may be the result of over-activity. When you develop pain or swelling: Rest, ice and elevate.
- While at rest or sleep, the surgical leg should be elevated on 1-2 pillows.

- If the pain does not subside with rest, ice, and elevation; then take the medication prescribed for you.
- Pain is a protective mechanism and should not be ignored

Wound Care:

- Keep the dressing dry at all times
- You may remove your dressing after 3-5 days; apply a new dressing if the incision(s) continue to drain.
- Your incision may be red and warm for several weeks after surgery. Excessive or increasing redness or soreness and any drainage should be reported to your surgeon's office.
- For the first 3-5 days keep your dressing clean and dry. During that time use of a plastic bag or Saran wrap 'Press N Seal' over the dressing is permitted to shower.
- You may shower after 3-5 days. At that time you need to cover your incision(s) when doing so. Do not bathe or soak the incision area(s) in water or any type of fluid until instructed by your surgeon.
- Do not apply any ointments or Neosporin to the incision site(s).
- Your sutures will be taken out at your first post-operative visit.

Medications:

- Take medications previously discussed and prescribed
- Pain medications can cause drowsiness, nausea, itching, and constipation
- Take pain medications with food to decrease the chance of nausea
- Drink several glasses of water a day and eat a balanced diet
- Do NOT consume alcohol while taking any narcotics

Patient Education Resources:

1. <http://orthodoc.aaos.org/brettgingold>
Click on Health Library
2. <http://www.orthoillustrated.com>
From home page, navigate to body area affected. On the right choose from multiple different online video tutorials. i.e. Knee Partial Meniscectomy. Then view details and animation of surgical procedure.

Notes:

****CALL IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:**

- Temperature of 101° degrees or higher
- Drainage from your incision
- Increasing redness around your incision
- Increasing incision or joint pain not relieved by pain medications
- Excessive calf or thigh pain that does not go away with elevation or rest

Your Primary Care Provider should be contacted for non-orthopedic medical conditions such as diabetes, heart or blood pressure problems, or lung conditions.

IF YOU HAVE ANY PROBLEMS, QUESTIONS, OR CONCERNS REGARDING YOUR SURGERY PLEASE CALL OUR OFFICE

Pre-Procedural Bathing Instructions

You can play an important role in preventing infection by following these instructions to ensure your skin is as clean as possible on the day of surgery.

If not already provided to you, purchase an over-the-counter medicated liquid soap with chlorhexidine gluconate (CHG) from the drugstore. A common brand name for this soap is Hibiclens, but any brand is acceptable.

- 4 to 8 ounces of soap will be enough
- The soap may come in a liquid form or in a scrub brush applicator, either form is acceptable.

Do not use if you are allergic to chlorhexidine gluconate.

Do not shave from the neck down for 3 days prior to surgery.

Shower with CHG the night before your surgery and the morning of your surgery. You should take 2 showers total with CHG.

DO NOT USE CHG SOAP ON FACE, EARS, GENITAL or RECTAL areas.

Bathing Instructions

- Use your regular (non-CHG) soap or shampoo on your head, face, genital and rectal areas. Wash and rinse these areas first.
- In the shower, wet your skin with water, and then turn off the water. Apply the liquid CHG to a clean, damp, (but not soaking), washcloth.
- Start where your surgery will be (for example, knee), gently wipe your skin in a back-and-forth motion with the cloth. **Do not scrub your skin too hard.**
- Leave the soap on your surgical area while you wash the remainder of your body with the CHG soap.
- Do not wipe your surgical site again.
- Let CHG soap sit for 2 minutes.
- Turn the water back on and rinse your skin completely.
- Do not wash with your regular soap or apply lotions after CHG is used.
- Pat yourself dry with a clean, soft towel.
- Make sure to have clean clothes to put on and clean sheets and pillowcases on your bed when you go to sleep the night before surgery.

Your skin will be washed with an antiseptic in the holding room on the day of surgery, further reducing the bacteria on your skin. You will also be provided a nasal antiseptic and additional mouth rinse before going into surgery.

DVT: The common, yet often silent killer



Obesity. Smoking. High blood pressure. Almost everyone knows these are hazards to your health. But did you know that dehydration, a recent pregnancy, prolonged immobility, varicose veins and birth control pills can also trigger a life-threatening condition that kills more people annually than breast cancer and AIDS combined?

Deep vein thrombosis (DVT) threatens nearly one million Americans each year. Yet, surprisingly, many people have little or no awareness of this condition or know how to recognize its signs and symptoms. DVT occurs when a blood clot forms in one of the large veins, usually in the legs, leading to either partially or completely blocked circulation. If left untreated, this clot has the potential to move into the lungs and **produce a pulmonary embolism** requiring immediate medical attention. Although preventable, almost 300,000 Americans die annually from DVT and its primary complication, pulmonary embolism.

Fortunately, if caught in time, DVT is completely treatable. **The classic signs of DVT, especially if it occurs in the lower extremities, are leg pain, swelling, tenderness, and redness or discoloration of the skin.** The bad news is that, about half of the time, DVT has no symptoms at all. By the time you show symptoms of a pulmonary embolism, it might be too late for you to receive emergency care. Typical symptoms of a pulmonary embolism are: shortness of breath, rapid pulse, sweating, sharp chest pain that worsens with deep breathing, low blood pressure, unconsciousness and coughing up blood.

The first and most important step in protecting yourself from a potentially fatal DVT is to know whether you are at risk. Please take the DVT risk assessment on the back of this page. Then, be sure to discuss the test results with your doctor to determine what you can do to protect yourself from a future DVT.

DVT and its primary complication, pulmonary embolism, kill almost 300,000 Americans each year, which is more than breast cancer and AIDS combined.



DVT: An equal opportunity killer

DVT does not discriminate by age, race or gender. Anyone can be affected under the right circumstances, even if they are otherwise healthy and active.

For instance, professional athletes have received treatment for DVT, including tennis star Serena Williams and baseball player Tony Gwynn. Politicians are not immune either, as President Richard Nixon, Secretary of State Hillary Clinton, and Vice Presidents Dick Cheney and Dan Quayle experienced DVT.

In 2011, legendary rapper Heavy D died at the age of 44 as a result of a DVT. And in 2003, NBC war correspondent David Bloom died at the age of 39 while covering the war in Iraq. His death was blamed on a pulmonary embolism originating from a blood clot in his leg. Prior to collapsing, Bloom had spent days cramped and overheated in a military tank.

Some of the high-profile DVT cases were believed to be the result of lengthy air travel. DVT is often referred to as “economy-class syndrome” or “traveler’s thrombosis” because long flights in coach cabins occasionally have led to DVT-related fatalities. But DVT is not class conscious. President Nixon’s DVT was believed to have developed while traveling on Air Force One to China.

Save a life and pass this along. Copying is permissible.





Patient Prescribed Medication Protocol

| | Weeks 0-2 | Weeks 3-6 | Weeks 7+ |
|---|---|---|--|
| Joint Replacements Rotator Cuff ACL Fractures | Schedule II - with one refill | Schedule II - no refill* Schedule III -with one refill | No schedule II Schedule III -no refill* Tramadol with refill Anti-inflammatories |
| Arthroscopies -shoulder/knee Wrist/hand surgeries | Schedule II - no refill* Schedule III -with one refill | No schedule II Schedule III -with one refill | No schedule II/III Tramadol with refill Anti-inflammatories |

*unless authorized by MD

Medication schedules:

Schedule II: Oxycontin, MS Cantin, Percocet, Percodan, Dilaudid, Tylox, Talwin, Demerol

Schedule III: Norco, Vicodin, Iortab, Nucynta, Tylenol with Codeine

Anti-inflammatories: Ibuprofen, Advil, Aleve, Naprosyn, Voltaren, Feldene,

****ALL prescription refill requests require 48 hour notice****

****No refills will be made on Fridays****