Knee Surgery - Postoperative Care

These notes are intended to answer some of the common questions following your knee surgery. Please note that they have been prepared by Prof Julian Feller and reflect his views and that they may not necessarily be the same as for other surgeons.

Wound care

You will generally leave hospital with some waterproof dressings covering the incisions underneath a Tubigrip elastic sleeve.
You can shower normally, but take off the Tubigrip prior to showering and don't spend longer than you need to. If the absorbent part of the dressings becomes wet, then it is better to change them. You can do this yourself or see your GP.

There are usually no stitches to be removed. The ones that have been used are absorbable and will disappear with time. The dressings can be removed after 5 days if you have just had an arthroscopy, or 2 weeks for all other procedures. The cuts will have Steristrips on the surface. These can be removed with the dressing. If there are ends of sutures protruding through the skin, these can be cut flush with the skin using nail scissors or just left to fall off by themselves. Any small areas of bleeding can be covered with a band aid for a couple of days. You can get the cuts wet once the dressings have been removed.Keep wearing the Tubigrip until your first appointment.

Pain relief

Local anaesthetic was injected into your knee at the end of the procedure. This will wear off over 4 to 8 hours and your knee may become more painful. It may also swell. Icing your knee is the simplest way to reduce pain and swelling. 20 minutes every 2-3 hours during waking hours should be adequate.

You will have been discharged with painkillers. As a general principle, pain medication is built on a pyramid structure. The base should be regular paracetamol (two 500mg tablets, every 6 hours) OR slow release paracetamol (2 x 665mg tablets, every 8 hours). Depending on your surgery, you may also have been prescribed a slow release opioid (e.g. Palexia SR, Targin) to be taken twice a day.

For pain that is not controlled with this, you will also have been prescribed something stronger, such as Endone or Palexia IR. Endone and Palexia IR can be taken in addition to paracetamol.

A lot of these medications can cause nausea and vomiting, so it is often a case of finding the right balance between pain and nausea. Most people will prefer to tolerate some pain rather than feeling nauseated.

You may also have been prescribed anti-inflammatory tablets to help with pain relief in the first few days after surgery. These should be taken with food. If you get indigestion or have ongoing nausea, the anti-inflammatory tablets should be stopped.

Swelling

Swelling is common after knee surgery and can take weeks to months to resolve, depending on the type of surgery. Swelling will be helped by applying the R.I.C.E. principles:

- **REST:** Rest with your leg elevated as much as possible. Use pain and swelling as a guide to activity. Don't be frightened to move your knee though. Nothing bad will happen. Frequent small amounts of exercise help to prevent stiffness and also reduce pain.
- **ICE:** Any kind of ice pack will do. Devices such as CryoCuff or RE3 can make icing easier. An alternative is a large bag of frozen peas (you will probably need two, so that one can be re-frozen while the other one is in use).
    - For the first 2 weeks use icing/cooling for 20 minutes at least 3 times a day. After 2 weeks ice the knee at least twice a day, typically after exercise and at the end of the day.
- **COMPRESSION:** You will usually have a Tubigrip stocking around you knee. Sometimes you will have a bandage. The bandage can be replaced by a compression stocking on the day after surgery. The compression stocking should be worn until or appointment.
- **ELEVATION:** See above.

Crutches

Unless otherwise instructed, you can place as much weight on the leg as comfortable, using crutches if necessary.

To start with, the pattern of walking is "crutches, bad leg, good leg". Once you are more comfortable, the crutches and operated leg go forward together. You may find it easier just to use one crutch. Use it with the opposite arm i.e. for a left knee operation, use the crutch with your right arm.

To manage steps with crutches, use the following guide:

- **UP:** good leg, bad leg, crutches.
- **DOWN:** crutches, bad leg, good leg.

Follow-up appointment

A follow-up appointment will have been made for you, usually between 2 and 4 weeks following your surgery. If you don't have an appointment card, please ring the office the check the date. You will also be sent an SMS reminder.

These notes have been prepared by Prof Julian Feller at OrthoSport Victoria. They are a general overview aimed for use by his patients and reflect his views, opinions and recommendations. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please contact the office with any questions regarding medical conditions and treatment.

Epworth Richmond Level 5, 89 Bridge Road, Richmond VIC 3121
All Enquiries Tel: 03 9038 5200 Fax: 03 9038 5209 www.osv.com.au