



POSTOPERATIVE DISCHARGE INSTRUCTIONS

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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____ Arthroscopic Abrasion Chondroplasty

____ Arthroscopic Debridement

____ Arthroscopic Meniscectomy

____ Arthroscopic Synovectomy

Diet:

1. Begin with liquids and light foods (jellos, soups, etc.).
2. Progress to your normal diet if you are not nauseated.

Medications:

1. Strong oral pain medication has been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages.
2. When taking pain medication, be careful as you walk, drive, or climb stairs. Mild dizziness is not unusual.
3. Do not take medications that have not been prescribed by your physicians.
4. Do not take aspirin-containing medications for one week.

For 24 Hours Following Surgery:

1. You must be in the care of a responsible adult.
2. Do not drive or operate machinery until instructed by your physician.
3. Do not make important personal or business decisions or sign legal documents.
4. Do not drink alcoholic beverages.

Activities:

1. Elevate the limb above the chest level for 48 hours after surgery.
2. Pain and swelling are typical following surgery. However, do not engage in activities which increase pain or swelling in your knee such as, stair climbing or long periods of sitting or standing.
3. Returning to work depends on your type of employment; you will need to discuss this with your doctor at your follow-up appointment.

Exercises: (please see accompanying page)

1. Begin the exercises described on the opposite page immediately, for both legs, and repeat each waking hour.

Range of Motion:

_____ Increase range of motion as swelling and pain allow.

_____ Restrict range of motion to _____ degrees for _____ weeks.

Weight Bearing:

_____ Crutch assisted walking is mandatory. No weight bearing on the operated limb is allowed for _____ weeks.

_____ Weight bearing as tolerated.

Wound Care:

1. Loosen the ace bandage if swelling of the foot or ankle occurs.
2. Keep dressings dry for three days. Use a plastic bag to cover the operative leg during showers.
3. Remove surgical dressings after three days.
4. No soaking in water such as hot tubs, baths, swimming pools, etc. for three weeks.

Call your physician if any of the following are present:

- Increasing swelling or numbness
- Unrelenting pain
- Fever or chills
- Redness around incisions
- Color change in foot, ankle, or toes (loosening the brace may help this)
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected)

Follow-up Care: Please schedule an appointment with your physician in approximately five to seven days by calling 435-655-6600.

Other Instructions:

These discharge instructions have been explained to the patient/significant other. I acknowledge that I understand these instructions and I have no further questions. A copy has been given to the patient/significant other.

Date

Physician/Nurse signature

Significant other

Patient's signature

