

## Day of surgery – 1-2 weeks post-op

<b>Pain</b>	<p>It's normal to have pain within a few hours after surgery. This pain will likely persist for anywhere from a couple days to a couple weeks, depending on the extent of your surgery.</p>
	<p>The typical pain management regimen is as follows:                  -oxycodone 1-2 tabs every 4-6hrs                  -hydroxyzine (Vistaril) 1-2 tabs every 6hrs                  -Tylenol 1000mg every 6 hours                  -frequent icing (30 mins on/30 mins off)                  ***Our expectation is that this regimen will get your pain to a 3-6 out of 10, though there may be some break-through episodes where the pain spikes higher, especially within the first 24-48 hours***</p>
	<p>It's important to remember that we have to balance pain relief with safety. Narcotic pain medications, like oxycodone, carry a higher risk than most medications so there is a limit to what we can safely prescribe.</p>
	<p>Most patients have weaned from the oxycodone and are just using Tylenol and icing anywhere from 2-7 days after surgery.</p>
	<p>In rare cases, a refill of oxycodone may be appropriate. A refill will only be given within the first 2 weeks after surgery (if deemed appropriate).</p>
<b>Swelling</b>	<p>It's normal to have swelling starting almost immediately after surgery. While it will likely improve over the first 7-14 days, it's normal for some degree of swelling to persist for several months.</p>
<b>Poor Sleep</b>	<p>Your body just went through a major ordeal which is triggering a lot of different responses which can make sleep difficult for up to a couple weeks.</p>
	<p>It can be useful to add <u>ONE</u> of the following to your regimen:                  -change nighttime dose of Tylenol to Tylenol PM                  -take 1-2 Benadryl before bed                  -take 5-10mg of melatonin before bed</p>
	<p>It is also important to remember the following;                  -avoid naps during the day, avoid caffeine after 3pm, be up and moving around as much as possible during the day, and only lay in bed when trying to sleep (ie avoid sitting in bed and watching TV or using your phone/computer)</p>
<b>Nausea and lightheadedness</b>	<p>These are common after-effects of anesthesia. Hydrating and performing breathing exercises can help with these.</p>
	<p>Breathing exercises should consist of taking 3-5 big deep breaths every hour while awake (no need to wake yourself up to do these). These can be done with or without the incentive spirometer.</p>
	<p>The ondansetron (Zofran) that you were prescribed can be very effective. If you find yourself persistently nauseous and taking the Zofran frequently, let us know and we can prescribe a more long-acting nausea medication.</p>

<b>Constipation</b>	This is to be expected, especially in cases where oxycodone is being taken frequently.
	If the docusate sodium (Colace) that you were prescribed is not having the desired effect, you can add Miralax or Senna (both over-the-counter/no script needed).
	A fleet enema (available over-the-counter) can also be used as a more definitive option, if desired.
	Constipation may persist for several days. As long as you are passing gas and not experiencing abdominal pain, we can continue to manage this with the regimen described above.
<b>Nerve pain/Altered sensation</b>	It is common for the lower leg and foot to be numb or tingling if you received a nerve block with your surgery. This typically resolves within a couple days of surgery.
	Numbness can also result from the positioning of your leg. If you sit in one position for a prolonged period of time, you may notice the foot going numb or areas of the foot, most often the heel, becoming painful.
<b>Muscle spasms</b>	While generally not severe, they most commonly affect the quads and hamstrings and can make it difficult to sleep as they often occur at night. If these do not resolve within the first couple of days after surgery, a muscle relaxer may be appropriate.
<b>Drainage from Surgical Wounds</b>	Blood and thin or clear red/pink/yellow drainage is normal. This will typically resolve within a couple days.
	Any sort of pus-like drainage, especially if accompanied by redness around the incision, should be reported to our team.
<b>Calf pain</b>	While muscle soreness/tightness is to be expected, it needs to be assessed carefully when it involves the calf as it can be a symptom of a blood clot.
	Pain directly behind the knee is common and is of low concern, but pain in the belly of the calf muscle or the lower calf area should be discussed with the care team.
	Your physical therapist can often provide a good initial evaluation of calf pain and can pass along any concerns they may have.
	If you have pain in that area and are not seeing your PT that day, contact our team directly.
<b>Thigh pain</b>	This can be common for many patients and is generally a result of having used a tourniquet to limit blood loss during surgery.
	Tourniquet use may also result in bruising in the thigh.
<b>Bruising</b>	This should be expected after surgery and is just a result of bleeding in and around the knee.
	That bleeding will be pulled by gravity into the back of the knee, down the shin/lower leg, and into the foot (bruising is common in all of these areas).
	When blood settles into tissue, it will create inflammation and soreness of those tissues, hence the bruises will hurt.
	It is normal for bruising to take weeks to resolve.

## 2 weeks post-op – 8 weeks post-op

<b>Pain/Soreness</b>	It's still normal to have some pain or soreness. For most patients, it is low-level pain or dull ache that can be exacerbated by certain movements/positions/exercises.
	Occasional sharp/pinching pain, especially along the front inside or front outside aspect of the knee, is also common. This pain often occurs near the end range of extension and is often exacerbated when first moving after having been in one position for a prolonged period.
	Tylenol and icing remain appropriate treatment.
	For patients who underwent a "simple scope/clean-out/trimming" procedure, it is now appropriate to use anti-inflammatories like ibuprofen and Aleve.
<b>Swelling</b>	It's still normal to have swelling during this period. It generally shows slow improvement during this time, but will often persist to some degree for a few more months.
	Icing should still be used, especially after activity and at the end of the day.
	Compression sleeves can also be helpful and can often be obtained from your PT.
	It is normal for swelling to increase as you come off of crutches.
<b>Catching/Clicking</b>	These sensations are very common as recovery continues. These will often occur near the end-range of knee extension and may even result in a locking sensation.
	There are 3 common causes: -swelling within the knee that thins out the normal joint fluid and prevents tissues from gliding smoothly over each other -normal folds of tissue within the knee (called plica) which can get pinched/caught when the knee is swollen and the quad is weak -scar tissue that forms within the knee after surgery that can also get pinched/caught
<b>Weakness</b>	Nearly everyone will develop weakness and muscle atrophy (loss of muscle mass) after surgery.
	This most commonly affects the quads and will be a primary focus of PT.
	You can expect this to slowly improve as you recover, but it will take several months for it to return to near-normal.