POSTOPERATIVE INSTRUCTIONS

Robert F. LaPrade, MD, PhD

POST-OP CARE: Please follow instructions carefully. Contact us with questions - teamlaprade@tcomn.com.

Should you have urgent concerns, please use our on-call service at ***952-456-7000***. This service is available 24/7 and will put you in touch with the on-call surgeons or Pas after hours. You may also visit TCO **Urgent Care** if you feel you need urgent attention. Our urgent care locations are listed on www.tcomn.com; most are open 8am-8pm 7 days/week. Of note, you're likely best suited to call the on-call service to discuss your situation and the on-call provider can determine if it is appropriate for you to have an in-person urgent care visit.

***Low grade fever is expected postoperatively. *Please notify us if your fever is 101.5 or higher.*

DRESSING CHANGES: The post-op dressing change is a vital part of your post-surgical process. You will be supplied with the needed dressing change materials and instructions.

- Change the gauze pads daily or if they become wet or soiled for **2 weeks**. Keep them in place with the tubigrip provided.
- Do not touch, remove, or apply lotion/ointment to the tape strips (steri-strips) that are over the incisions. The steri-strips remain on for **2 weeks**. If they fall off before the 2 week time period is up, please reapply them with the extras you have been given. After 2 weeks, the steri-strips can be removed and the incisions can get wet but should not be submerged until 6-8 weeks post-op.
- At each dressing change, evaluate the incisions/portals for excessive drainage, redness surrounding the incisions/portals or "streaking" from them, increased pain, and increased temperature, all of which may indicate infection. Please contact a team member if these symptoms occur.

SUTURES: There are dissolvable sutures in your portals (unless otherwise specified). These require no special care as the sutures are underneath the skin and they will dissolve. If you do have a longer incision, there may be extra suture material outside of the skin; this will need to be trimmed at 2 weeks which can be done at your 2 week follow-up visit or at home by a friend or family member. A suture removal kit will be provided upon request. For clear sutures, clip any extra suture at both ends of the incision. There are no knots, and you do not need to pull anything out. Simply cut the suture at the level of the skin and the remaining suture under the skin will dissolve.

BATHING: It is important to keep the incisions dry until completely healed. You may use a cast cover (available online or at most pharmacies), plastic wrap, or trash bag with a rubber band around your thigh to keep your knee dry for **2 weeks** (unless otherwise directed) until you have your incisions checked to see if you can get them wet.

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TED HOSE: Compression socks are to be worn on both legs for at least 2 weeks. They serve the dual purpose of decreasing the chance of blood clot formation and to aid in controlling swelling in the lower extremity. It is possible to get a blood clot in the non-surgical leg so please wear the stockings on both legs. You may remove the stocking from the non-operative leg at 2 weeks post-op, unless otherwise directed by the surgical team. The stocking on the operative leg should remain in place until you begin bearing weight. You may remove them daily to wash and dry, but please wear them as much as possible to gain full benefit. Additional sets can be purchased at most pharmacies; be sure to purchase knee-high stockings with 20-30mmHg compression. Be sure to move/rotate both ankles frequently during the day. This will promote circulation and drainage of swelling.

SIGNS AND SYMPTOMS OF A BLOOD CLOT INCLUDE PAIN ("CHARLIE HORSE" TYPE CRAMP), REDNESS, AND SWELLING IN THE CALF MUSCLE AND/OR BEHIND THE KNEE CALL IMMEDIATELY IF SYMPTOMS OCCUR-NEVER MASSAGE CALF PAIN!

Swelling/inflammation control and achieving range of motion (ROM) goals are the primary focus for the first 6 weeks after surgery. The following will help you reach these goals!

ELEVATE your leg whenever possible. Elevation means the operative region is higher than the heart.

ICE your knee ***5-6* times a day** for **20-30 minutes** at a time **for the next 2-6 weeks**. This can be achieved in a number of ways. Whatever your means, be very diligent with your icing:

- NICE1 – Icing machine
- Ice Bags or Big Bag of Frozen Peas

ATTENTION: If you have been provided with an immobilizer, you may remove the immobilizer while icing. When icing, ice for 20-30 minutes at a time with at least 30-60 minutes between icing sessions and have a protective layer between your skin and ice.

REHABILITATION / PHYSICAL THERAPY: You will be given a specific exercise program to follow at different time frames during your rehab.

Follow these instructions carefully and DO NOT ADVANCE or let your Physical Therapist advance your protocol beyond the normal time frames unless directed so by Dr. LaPrade.

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Medications: You ***may*** be discharged with some of the following medications. Use as directed on the label. ALL SHOULD BE TAKEN WITH FOOD. If gastric (stomach) discomfort occurs, please continue the medication and call the office right away.

Oxycodone (contains no Tylenol/Acetaminophen)-short-acting pain medication. This may be used with Extra Strength Tylenol. Tylenol can be taken at up to 1000mg every 6 hours.

Hydroxyzine – depending on the extent of your surgery, you may have been prescribed this medication. This can be used to help treat pain, anxiety related to post-op pain, and itching. This can be taken with both oxycodone and Tylenol.

Zofran – anti-nausea medication. If you continue to have nausea and vomiting after taking this medication, please call the office and we will prescribe a medication that will work better for you.

Aspirin / Lovenox – helps to thin the blood. 1 tablet/injection daily while on crutches. If both medications have been prescribed, do not use them together. You will take the Lovenox first (most often for two weeks) and then begin the aspirin after completion of your Lovenox regimen.

Colace – stool softener to help with constipation induced by pain medications. Start the night after surgery.

Miralax – laxative for constipation induced by pain medications. This can be used if you remain constipated even while taking the Colace. It is relatively common to go 4-5 days before having a bowel movement. This is not concerning as long as you are not in discomfort and as long as you are passing gas.

- **AVOID anti-inflammatory medications like ibuprofen (Advil/Motrin) and naproxen (Aleve). You will be advised as to when you may begin/resume using these medications, if needed.**

- **DO NOT:** Mix with alcohol
- **DO NOT:** Drive while taking narcotics