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<p style="text-align: center;">POST-OPERATIVE INSTRUCTIONS OPEN COLLATERAL LIGAMENT REPAIR or RECONSTRUCTION</p>
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WOUND CARE

Do not remove your surgical dressings or ACE wrap. You are to wear your white compression stockings (TED hose) for two weeks after your surgery to help prevent blood clot formation. Keep the dressings clean, dry, and intact. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call the doctor.

Be sure to watch for signs and symptoms of infection after surgery, which includes: increased swelling, wound drainage, or a fever greater than 101.5°. If you notice any of these signs and symptoms please notify Dr. Farber.

SHOWERING

Showering is allowed with plastic covering the wounds. Please keep the dressings clean, dry, and intact. Please remove your stockings to shower and replace them immediately after drying off. Do not immerse your incisions under water: no baths, swimming, or hot tubs.

ICE

Icing is very important for the first 5-7 days after surgery. Please ice your knee four to six times a day for up to 20 minutes at a time using a large bag of crushed ice. Care must be taken with icing to avoid frostbite to the skin. To avoid frostbite, place a towel or T-shirt between the ice and your skin.

If you are using a CryoTherapy device, please follow the instructions given by the device representative.

EATING

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination) please call the doctor or the surgical center.

ACTIVITY

Weightbearing:

- You should be **NON-WEIGHTBEARING** with the brace locked in extension. You should use crutches.
- You should be **NON-WEIGHTBEARING** with the brace locked in 20° of flexion. You should use crutches.
- You may weight-bear as tolerated with the brace locked in extension. You should use crutches as needed. The brace will be locked in full extension when ambulating for two weeks.

Range of Motion:

- You should **NOT** remove the brace for 2 weeks. No knee range of motion should be performed in this time.
 - You may perform gentle patellar mobilization exercises with the brace on.
 - You may perform gentle knee range of motion exercises with the brace on 3-4 times a day (see Exercises below).
- Leg elevation for the first 2 weeks is also encouraged to minimize swelling.

EXERCISES

The following exercises are to be started the day after surgery. They should be performed 3-4 times per day for 10 minutes.

- Quad sets:** This exercise should be done while wearing the brace. Sitting with your leg straight, pull your toes toward your nose and tighten your thigh (flexing your quadriceps muscles). Hold for a count of 10 seconds. Do 10 repetitions, five sets per day.
- Foot pumps:** This exercise should be done while wearing the brace. Sitting with your leg straight, alternate pointing your toes to the floor ('pushing on the gas pedal') and pulling your toes toward your nose. Do 30 repetitions, five sets per day.
- Knee Bends:** Perform knee bends from 0-90° of flexion in the brace.



PHYSICAL THERAPY

You will be prescribed Physical Therapy to start after your first follow-up visit. There is a standard protocol that you will follow with your therapist.

MEDICATIONS

Take as prescribed. **Narcotic pain medications:** Percocet or Vicodin is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require Vicodin or Percocet for the first week. Once pain is better controlled, you may simply take extra strength Tylenol one to two tabs every six hours. Take these medications with food. If you have any problems taking the medications please stop them immediately and notify the office.

You may take a baby aspirin (81 mg) daily until the sutures are removed in the office. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery when the effect of these medications wears off. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You can supplement the narcotic medications with 200 mg or 400 mg of ibuprofen every 4-6 hours. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

DRIVING

For right knee surgery this is generally around six weeks after surgery. For left knee surgery you may return to driving two to three weeks after surgery. Driving while under the influence of narcotic medications (ie Percocet or Vicodin) is extremely dangerous and discouraged in all patients.

FOLLOW-UP

Your initial follow up visit will usually be approximately 14 days after surgery.

If you have any questions, concerns or problems please feel free to contact the office at (480) 219-3342