

### Wound Care

- Keep the outer dressing dry and intact for 48 hours. You may remove the outer dressing after 48 hours.
- Your wound is covered by a water-proof dressing. You can begin showering earlier than 5 days, as long as the water-proof dressing remains intact and the wound remains dry. After 5 days, the dressing can be removed for showering. Do not scrub/soak/submerge/spray the wound. Allow water to pass over the wound, and pat dry afterwards. Then redress the wound.
- If desired, redress the incisions with sterile gauze and occlusive dressing (Tegaderm), and change the dressing daily until your first post-operative evaluation. However, after 5 days, if the wounds are dry and healing well, the wounds can be left open to the air.
- There are steri-strips placed across the incisions. These strips may begin to fall off on their own. However, leave steri-strips in place until your first post-operative evaluation.
- It is not uncommon to notice drainage after surgery. If the dressing becomes saturated, replace the dressing with a dry sterile dressing (4x4 sterile gauze and Ace wrap). Notify Dr. Kowalsky and his care team if you notice continued drainage or saturation of the dressing.
- Do not use any ointments or creams on the wound until cleared by Dr. Kowalsky.
- Avoid sun exposure to the wound to avoid darkening or thickening of the scar.

### Weight-bearing / Crutches

- You should be FULL-WEIGHT BEARING on the operative leg. Use crutches for comfort during the immediate post-operative period. Discontinue the crutches when comfortable walking independently.
- You should be PARTIAL-WEIGHT BEARING on the operative leg. You can let the toes touch down for balance, but bear most of your weight on the other leg with the assistance of crutches. Continue using crutches until your first post-operative evaluation.
- You should be NON-WEIGHT BEARING on the operative leg. Do not bear any weight on the operative leg. Bear all of your weight on the other leg with the assistance of crutches. Continue using crutches until your first post-operative evaluation.

### Brace

- You will be placed in a brace in the operating room.
- Continue using the brace at all times, including during sleep.
- The brace can be removed during bathing, as long as a shower chair is used and the operative leg is stabilized and protected. If you prefer, the brace can be left in place, as well as the underlying dressing, and you can shower using a cast bag to keep the brace and dressing dry.
- The physical therapist will remove the brace to perform therapeutic exercises. The physical therapist can also teach you to 'drop-lock' the brace to allow the brace to bend to 90° for sitting, if you are able to achieve 90° of flexion, and if appropriate based on the specifics of your condition and surgery.

### Icing / Cryotherapy

- You may have obtained a cryotherapy device. If you have not obtained one, but would like to, please contact Dr. Kowalsky's coordinator, Mario at (203) 869-1145 extension 2250. While cryotherapy can be used for an extended period of time, you are encouraged to follow the doctor's and manufacturer's instructions, avoid excessive compression, always keep a barrier between the device and skin, and check the skin frequently (every 1-2 hours) for redness or other signs of an adverse reaction.
- If you did not obtain a cryotherapy device, apply ice or an ice pack to the operative site every 1 –2 hours for the first 72 hours, when awake. Continue icing 3 times daily until your first post-operative evaluation. You can continue icing more frequently as needed for soreness or swelling. Do not leave ice on the operative site for more than 20 minutes. When using ice over the dressing, take care to keep the dressing dry. Do not apply ice directly to the skin. Always make sure there is a towel or fabric between the ice and skin.

### **Activity**

- Rest on the day of surgery, and gradually resume activities thereafter, as tolerated.
- Elevate the operative leg as much as possible above heart level by placing two pillows under the calf. Do not place pillows beneath the knee.
- Continue compression stocking for one week.
- There are no universal or specific guidelines for driving after surgery, and there is no specific test or criteria to determine when it is safe to drive. Most patients will wait at least 4 – 6 weeks to drive, and some will wait longer after more significant procedures. If you require opioid medication to control post-operative pain, you should not drive. For patients who have had left knee surgery, the knee has to be able to bend enough to safely operate the pedals. For patients who have had right knee surgery, you should not drive if the right knee is still in a brace. When you do begin driving, exercise caution, drive short distances in perfect conditions, and observe defensive driving strategies

### **Physical Therapy**

- Begin home exercises on the day after surgery. You will be given instructions for these exercises when you are discharged from the surgery center.
- Begin physical therapy within 3 – 5 days of surgery. You may have been given a prescription for PT during your preoperative evaluation. You will also be given a prescription for PT on the day of surgery.
- You should begin using a continuous passive motion machine on the day after surgery.
  - Place the CPM in the middle of the bed to prevent the machine and your leg from falling off the bed. Avoid narrow spaces on a couch or arm chair.
  - Maintain proper spine alignment while using the CPM to avoid back pain. A rolled towel or small pillow placed under the back can help with this.
  - Remove cryotherapy devices while using the CPM, to allow more free motion of the knee.
  - If needed, premedicate 30 minutes before using the CPM.
  - Start the CPM the day of surgery, and use at a slow speed.

- Start the CPM at 30°, and increase by 10° each session to a maximum of 90°.
- Use the CPM 1 hour per session, 4 sessions per day.

**Diet**

- When you are ready to begin eating, begin with clear fluids. If you tolerate this diet well, transition to a normal diet as tolerated.

## Medication

### ***Inflammation***

- Ketorolac 10mg tablet: 1 tablet every 8 hours for 3 days
- Celebrex 200mg tablet: 1 tablet every 12 hours for 1 week
- Celebrex 100mg tablet: 1 tablet every 12 hours for 1 week
- Naproxen 500mg tablet: 1 tablet every 12 hours for 1 week

*\*Do not take more than one anti-inflammatory at the same time. If prescribed ketorolac, begin taking other anti-inflammatory medication only after you have finished ketorolac prescription.*

### ***Nerve Pain***

- Gabapentin 300mg tablet: 1 tablet every evening for 5 days

### ***Pain***

- Tylenol 500mg tablet: 2 tablets every 8 hours
- Oxycodone 5mg tablet: 1-2 tablets every 4-6 hours as needed for severe pain

### ***Constipation***

- Senna S: 1 tablet every 12 hours as need, use when taking oxycodone

### ***Blood Clot Prevention***

- Aspirin 81mg: 1 tablet daily for 2 weeks
- Aspirin 325mg: 1 tablet daily for 2 weeks
- Lovenox 40mg: 1 syringe SC daily for 2 weeks

## Follow-up

- Follow-up in the office 10-14 days after surgery. The appointment has likely already been scheduled. Please call Dr. Kowalsky's coordinator at (203) 869-1145 extension 2250 to confirm the appointment.
- Call the office immediately, or present to the Emergency Department, if you observe any of the following:
  - Fever ( $T > 101.5^{\circ}\text{F}$ )
  - Chills/malaise/night sweats
  - Redness/persistent drainage/persistent bleeding from the incision
  - Persistent significant pain, not controlled with prescribed medication
  - Persistent or worsening numbness/tingling
  - Persistent nausea or vomiting
  - Hives/itching/rash
  - Increasing calf pain, or leg swelling
  - Shortness of breath or chest pain