

## *Postoperative Instructions / Evan D. Ellis, M.D.*

### **medications**

- Please take the medication(s) you were given as directed when you arrive home after surgery. You may safely combine the medications as prescribed, though you may find that you do not require pain medication beyond the first week or two after surgery.
- It is quite common to develop nausea or constipation from narcotic pain medication. Should this be a significant issue, discontinue the medication. Clear liquids may be helpful for nausea symptoms. Constipation may be treated with either Milk of Magnesia or Dulcolax™ pills or suppository, both of which can be obtained without a prescription.
- Tylenol™ or enteric-coated aspirin may be taken for a low-grade fever which is common in the first few days after surgery.
- Typically, your pain should be managed with the medications given; however, if you have excessive discomfort contact Dr. Ellis' office.
- **No pain medications will be refilled over the phone after 4:30 pm on Fridays. Please make sure you have enough pain medication to last through the weekend.**

### **diet**

- There are no specific restrictions on your diet after surgery, however, it is prudent to start with clear liquids and advance to solid food as you are able. Be sure to drink plenty of liquids and avoid alcohol the evening of surgery.

### **dressing and wound care**

- It is not uncommon to have a small amount of bloody drainage on the dressing within the first 48 hours after surgery. This typically does not require treatment and should not cause concern unless it is expanding.
- You may not remove your dressing unless instructed otherwise. Your dressing will be removed at your first post-operative office visit.
- A sponge bath is recommended until your dressing is removed. After removal, you may shower, but do not submerge your knee underwater or scrub the wounds for 10 days.

### **swelling**

- Knee swelling is to be expected after surgery, the amount of which is highly variable. Swelling can be alleviated by elevating the leg above the level of the heart, if possible. Swelling may be increased by excessive exercise the first few weeks after surgery.
- You were given a cold-therapy unit at the time of discharge to aid with pain and swelling. You should use this device around the clock, if possible, for the first 72 hours after surgery. Thereafter, it can be used on an intermittent basis for 20 minutes, 3-4 times per day. Discontinue the cold-therapy unit if you develop blisters or other symptoms attributable to the cold therapy.

### **activity**

- You may walk on the operated extremity as tolerated after surgery *unless instructed otherwise*. Crutches will be helpful until such time as you can bear weight comfortably.
- Driving should be undertaken carefully due to the effects of narcotic medications, knee pain, and diminished reflexes. We cannot formally approve your ability to drive. You should not drive on the day of surgery due to the effects of anesthesia.

### **exercise**

- You were given an exercise sheet outlining a variety of exercises to be performed as soon as you are comfortable. Please follow these within your pain tolerance. Formal physical therapy will likely be started several days after surgery.

### **follow-up appointment**

- You were likely given an appointment for your postoperative visit. If not please call to schedule an appointment within 5 days from the day of surgery.

### **emergency care**

- Contact Dr. Ellis' office if you develop severe pain, a large amount of bleeding, cloudy or persistent drainage, significant calf or thigh pain, a fever over 101.5 F, or numbness and/or tingling in your foot or leg that does not subside with dressing removal. *Please call the office at 630 790 1872.*