
John M. Solic, MD

POST-OPERATIVE INSTRUCTIONS - KNEE SURGERY

WOUND CARE

- You may remove the operative dressing on Post-Op Day #2. You may notice a yellow piece of mesh covering your incisions. You may remove it if it is loose. If it seems stuck then it will loosen up on its own over the next couple of days and then you may remove it then.
- KEEP THE INCISIONS DRY.
- An ACE wrap may be used to help control swelling. Do not wrap the ACE too tight.
- To decrease pain and swelling use Ice or an icing device. For the first 3 days apply for 20 minutes 3-4 times per day, and then use it 1-2 times per day as needed. You may increase the frequency as needed if you are having continued pain and swelling. Place a towel or cloth between the skin and the ice to prevent skin injury.
- You may shower but keep the surgical wounds dry. Wrap the knee in plastic wrap (press and seal or saran wrap from the kitchen) and secure at the top and bottom with tape. If the site gets damp, gently pat the area dry. You may gently wash the area around the incisions with a washcloth then gently pat the area dry.

AMBULATION

- You may place as much weight on your leg as your pain allows and transition off of your crutches over the first 24-48 hours after surgery. If you have been provided with a brace follow Dr. Solic's specific instructions regarding the amount of weight to place on the leg.
- Any brace that has been provided is only necessary when you are upright and mobile—it can be removed when you are sitting down/resting.

ADDITIONAL INSTRUCTIONS

- Prescriptions have been provided for you to use post-operatively:
 - An anti-inflammatory medication (ie: Naprosyn, Celebrex, Mobic). Take the anti-inflammatory medicine as prescribed with food.
**** IF YOU HAVE AN ULCER HISTORY OR DIFFICULTY USING ANTI-INFLAMMATORIES OR ASPIRIN >> USE ONLY THE NARCOTIC THAT HAS BEEN PRESCRIBED**
 - A Narcotic (Norco, Percocet, Oxycodone) is to be used on an "as needed" basis for pain in addition to the anti-inflammatory. Avoid taking this medication on an empty stomach. In general you should try to wean down and transition off the narcotic as soon as the pain allows. The goal is not complete elimination of pain but keeping it moderately well managed. Once tylenol and the anti-inflammatory are managing your pain you should discontinue the narcotic.

JOHN SOLIC MD

ORTHOPEDIC SURGEON

SHOULDER & KNEE ARTHROSCOPY, CARTILAGE REPAIR, SPORTS MEDICINE

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(919) 220-5255

- An anti-nausea medication (Phenergan, Zofran). Narcotic pain medications can sometimes cause nausea and you may use this prescription on an as needed basis.

 - Aspirin- Depending on your specific surgical procedure you may be prescribed aspirin for blood clot prevention. Make sure to take this as prescribed and at a different time of day than the anti-inflammatory medication.
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- If you have any adverse effects with the medications, please call the office.
 - If you develop a Fever (101.5), Redness or Drainage from the surgical incision site, please call our office to arrange for an evaluation.
 - Do not drink alcoholic beverages or take illicit drugs when taking pain medications.
 - Do not drive a car or operate heavy machinery when taking pain medications.
 - You may return to sedentary work/school in the next couple of days when you feel up to it.
 - Pain medication may make you constipated. Below are a few solutions to try in this order:
 - Decrease the amount of pain medication as soon as your pain can be managed with anti-inflammatory medication and tylenol.
 - Drink lots of decaffeinated fluids.
 - Drink prune juice and/or each dried prunes
 - Take Colace or Senokot – over-the-counter stool softners
 - Get up and ambulate as much as possible. Increased mobility and activity will help your bowel function return to normal.

FOLLOW-UP

- If not already arranged, please call the office **(919) 220-5255** to schedule a follow-up appointment for your suture removal