

Toufic R. Jildeh, MD
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Team Physician - Michigan State University
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Dr. Jildeh - Post Op Instructions: Knee/Lower Extremity

Dr. Toufic R. Jildeh, MD

First PT Appointment:

First Post Op Appointment: 2 weeks at Michigan State University for suture removal and range of motion assessment

We recommend PT at least 2-3x/week for at least 6-12 weeks after surgery Please make an appointment with the PT of your choice ASAP, preferably starting the day after surgery. If you need to find a PT, use physicaltherapists.com for a city or state directory

MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

FOR PAIN RELIEF:

- Start by taking Tylenol for pain relief, however, use caution when taking **TYLENOL** or other acetaminophen products while taking Norco as it already contains Tylenol. Do NOT exceed more than **3000mg** of Tylenol per day.
- You have been provided the following pain medication after your surgery. See last page for narcotic information.
 - **Norco 5 mg (hydrocodone 5mg and acetaminophen 325mg):** this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. *If 2 tablets every 4 hours are not relieving all your pain please call our office.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
 - **OTHER:** Robaxin for muscle relaxor

FOR NAUSEA:

- **ZOFRAN (Ondansetron) 4mg Tablet** - this medication is AS NEEDED for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience nausea despite taking this medication.

FOR ANTI-COAGULATION (Blood Thinners):

You have been prescribed an anticoagulation medication. This medication is taken to prevent a blood clot from developing, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication.

- **ASPIRIN:** This is a mild blood thinner. Please take 1 tablet twice daily for 4 – 6 weeks: starting the day after surgery, no matter what kind of procedure you had. Finish the entire prescription bottle, even if you are feeling better.
- **ELIQUIS 2.5mg (apixaban):** Usually this blood thinning medicine is taken 2x per day for 4 – 6 weeks. Do not take aspirin while taking this medication. This is an oral medication for patients with a higher risk, such as those flying after surgery, those with a personal history of blood clots, cancer, or on certain types of medications.
 - Take Eliquis on the day before, the day of, and the day after your flight. Do not take aspirin on the days you take Eliquis, but resume the aspirin as prescribed after you finish the course of this medication.
- **LOVENOX 40mg(enoxaparin) injection:** This is a daily injection. Inject 40mg subcutaneously daily or the day before travelling. Do not take aspirin while taking this medication.

OTHER MEDICATIONS TO CONSIDER: *(you may buy these over the counter, without a prescription)*

- ✓ **TYLENOL:** Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to *add in Tylenol for pain control if needed*. This can be taken as 325-500mg every 4 hours. You may take Tylenol at the same time as oxycodone, or alternate it. The maximum dose for Tylenol per day is 3000mg.
- ✓ **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning these the day of your surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- ✓ **BENADRYL:** Itching can be common when taking narcotics. Take this as needed for any itching symptoms. This medication may also be used with Melatonin for a sleep aid if you have any issues with sleeping post op, as it may cause drowsiness.

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DRESSING/BANDAGE CHANGES:

- Please wait until the first post-operative appointment and we will take off your dressing. These were placed using sterile technique in the operating room, and we prefer to maintain the sterile environment.
- Do not pull on any sutures that are visible.
- It is very important that you **leave the last layer of bandage on your skin**; this layer is made of “Steri-Strips”, which are the white pieces of tape adhered directly to your skin. These should stay on until your first post-operative appointment with Dr. Jildeh. You may not have steri strips placed during your surgery, in this case, take all the bandages off and recover the incision with an OpSite.
 - You may GENTLY clean around the Steri-Strips with a warm washcloth and antibacterial soap to remove any dried blood, or iodine solution used to clean your operative area prior to surgery. Do NOT scrub the incision area.
 - Do NOT put any oil, Neosporin, hydrogen peroxide, or lotion on your incision. After 3-4 weeks, we recommend using Mederma for scar minimization, found at most pharmacies.
 - Do NOT submerge your incision in any bath or hot tub for 3-4 weeks after surgery.
- We recommend sponge baths or covering your surgical extremity with a plastic bag to keep it dry when showering.. To shower, we recommend sitting down, or getting a camping chair or metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, crutch into the bathtub, sit down on the chair in the shower, remove any brace that you are required to wear (as they are not water proof), and while safely seated, allow the water to roll over your operative area, protected by the OpSites. Once you have finished bathing, pat the incision area dry, replace the OpSites as needed, and then put your brace back on, stand up, crutch out of the tub area. If your opsite leaks water into your incision area, take off the opsite, pat the incision dry, and recover it.
- You may notice suture/stitches on your incision, these may be black or they may be clear, like fishing line. These will be removed by Dr. Jildeh at your first post-op appointment, or if you are following up elsewhere, they may be removed by your physical therapist or another physician 10-14 days after surgery. **DO NOT PULL ON THE SUTURE ENDS.**
- Some signs to look for that may be of concern are an incision that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms with a high fever is reason to call our office.
 - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
- **If you were given a NERVE catheter** pre operatively and you have any issues with it, including leakage, pump malfunctioning, catheter tip falling out, etc, then please call the phone number provided on your pump or call Acute Pain Services at the hospital in which you received surgery.

OTHER GENERAL SURGERY INFORMATION

DRIVING: Please **do not drive** until you are evaluated in the office after surgery. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur. Absolutely no driving while taking narcotics or with weight bearing restrictions on your right leg.

ICE: Swelling and bruising is normal after surgery because fluids are used during surgery. Continuous icing will help to decrease swelling and pain. Be advised, your knee may become significantly swollen after surgery *and it may sometimes take weeks to months* for this to fully resolve. To decrease swelling, it is best to **elevate the leg/knee above the level of your heart and ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a NICE or Game Ready unit (an ice/compression machine). If you have received a NICE machine and have any questions regarding its use, please call the number provided with the machine. You may use the NICE wrap around your knee with your brace opened when you are resting comfortably, but anytime up and about, take the NICE wrap off and put the brace on. We do not recommend using the compression feature until 3-4 days after surgery.

PHYSICAL THERAPY: This is dependent on your injury and specific procedure. You will be given specific protocol after your surgery (included in the white surgery folder). Please begin therapy at a facility of your choice as soon as possible following surgery (within 2-3 days) and **bring this folder with you to the visits**. If you are unable to get into PT right away, we ask that you do the following exercises at home:

- **Ankle pumps**-pump your ankle back and forth as if you were stepping on a gas pedal. Please do this exercise 10x an hour while awake.
- **Quad sets**- tighten your thigh muscles, press your thigh into your bed and attempt to lift your leg off the bed with your leg extended. Initially after surgery this will be difficult due to the weakness of your quadriceps muscles. Try this 10x reps per hour.

ACTIVITY RESTRICTIONS/BRACE/CRUTCHES: This is dependent on your injury and specific procedure. You may be required to use crutches or a brace. **If you are placed in a brace, it is extremely important to use as directed and make sure you always have the brace on when ambulating (walking)**. It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. Brace settings will be determined by Dr. Jildeh based on intra-operative findings. You may

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take the brace off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting. You should wear the brace while sleeping unless told otherwise by our team. When sitting or lying down, please keep your operative leg elevated, do not place anything directly under your knee that may cause a slight bend in your knee, as this can lead to difficulty regaining full extension. **You should remain on crutches until you are comfortable putting weight on your leg, or if you have specific weight-bearing restrictions after surgery (ie- some meniscal repairs will be non-weight-bearing x 6 weeks). If you had ACL Surgery: IT IS ESSENTIAL TO LOCK YOUR BRACE IN FULL EXTENSION WHEN STANDING AND USE CRUTCHES FOR TWO WEEKS AFTER THE SURGERY.** This is to protect your new ACL as your quadriceps muscle is weakened by the surgery and as a result you could fall and tear your graft.

SIGNS AND SYMPTOMS OF COMPLICATIONS: Although rare, the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, *fever >100°*, chills, redness, swelling or drainage from incision.
- **Blood Clot** – calf pain, swelling, or tenderness (described as throbbing pressure that worsens), shortness of breath or chest pain.

REASONS TO CALL:

- >100° Fever, persistent night chills or sweats
- Redness, swelling, or warmth around the incisions, non-clear drainage from the incision or severe increased incisional pain
- Severe pain not relieved by medications
- Calf swelling, redness, painful to touch, pressure sensations
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

If any of these concerns occur after-hours, please call the on-call physician, or go to your local ER!

NARCOTIC INFORMATION

Narcotics are a class of medication used for pain relief. These include the following medications:

(More Potent)---- **Hydromorphone/Dilaudid** ----**Oxycodone**----**Hydrocodone/Lorcet**----**Tramadol**----(Less Potent)

Narcotics may be necessary after surgery due to the pain associated with surgical procedures. Narcotics are prescribed to help provide *temporary pain relief*, starting the day of surgery. They are not intended for long term use. If you have been prescribed a narcotic, please read all information provided by the pharmacist and be aware of the side effects, drug interactions, and adverse effects associated with narcotics. Some of the most common effects are dizziness, nausea, vomiting, hypotension (low blood pressure), constipation, sleepiness, itching, headache, insomnia, nervousness, decreased appetite, rash, anxiety, euphoria, withdrawal symptoms if abruptly discontinued, dependency, abuse, addiction, respiratory depression, and shallow breathing. Never mix narcotics with any of the following: other opiates or narcotics, Benzodiazepines – Valium, Xanax, etc., or Alcohol.

Things you can do to prevent adverse effects:

- Ask your pharmacists if you are taking any other medications, if it is safe to do so with narcotics.
- Do not drink or take drugs while using narcotics. **Do not drive** or operate heavy machinery. Do not make any serious life decisions while taking narcotics, as your judgement is impaired.
- **Narcotics are addictive** and have a high abuse and overdose potential. Wean off of narcotics as soon as symptoms allow; try Tylenol extra strength instead.
- It is very common to have constipation with any narcotic use. **Please try stool softeners and laxatives**, such as Miralax, Senna, or Docusate as a first step in treatment.
- Take **Benadryl** for any severe itching associated with narcotics
- Use caution when walking around; take your time getting up from a seated position to avoid dizziness and falls.
- Take with food. Consider using **Zofran** if you have any nausea associated with narcotic use.

Appropriate Use of Narcotics:

Take 1-2 tablets every 4-6 hours. Start by taking 1 or 2 tablets with a small amount of food when you get home from surgery. **Set an alarm or write down when your last dose was.** After 4 hours, assess your pain level. If you have a lot of pain, take another 1-2 tablets 4 hours from last dose. If you have manageable pain or low pain, take only 1 tablet after 4 hours, or wait until 6 hours from last dose to take another tablet. If your pain seems manageable, then decrease to 1 tablet every 6 hours. You may also try switching to Tylenol instead of a narcotic.

You may use Tylenol with the narcotics, but be aware of the dose of Tylenol, and **do not exceed 3000mg of Tylenol per day.**

Some people may not need any narcotics after surgery. Some may only need 1 tablet just prior to Physical Therapy or to help them sleep pain free. Others may need 2 tablets every 4-6 hours for the first 3-5 days after surgery. *Judge your pain level throughout the day* and assess how much you will need on a personal basis. If you think you may need more medication, and are running low, please contact us 1-2 days before you run out of medication.

Consider weaning off of narcotics on a day by day basis, but do not get to the point where you have too much pain that they become ineffective. This is called a **pain crisis**, and usually occurs when a patient thinks they can suffer through extreme pain for an extended period and does not take any narcotics. If this occurs, it may be difficult for narcotics to cover the pain at that point, and you may need to go to the ER for IV pain control. Avoid this if at all possible by assessing your pain level throughout the day and staying on top of your pain medicine schedule.

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Other Narcotic Information:

Once you have weaned off of narcotics completely for several weeks, consider *returning any unused medications to your local police department for disposal*. Do not flush them down the toilet or throw them in the garbage, as this can contaminate our water supply. *Keep narcotics locked and stored*, away from children especially. If you have any questions or concerns about Narcotics, ask your pharmacist or a member of our team.