



Benjamin Barden M. D.

POST OP LYSIS OF KNEE ADHESIONS/MANIPULATION v1.1

You are recovering from arthroscopic knee surgery with lysis of adhesions +/- manipulation. The following instructions are to help make your recovery as rapid and successful as possible. This information is designed to answer some of the most frequently asked questions regarding what to expect and what to do after upper extremity surgery. These are general guidelines, if you have any questions or concerns, please call our office: 24/7, (404) 355-0743.

1. Keep your dressing on for 3 days. Do not get it wet. Reinforcing your dressing is all right. If you have concerns about the amount of bleeding, please call our office. You may shower by wrapping plastic wrap over your dressing.
2. After 3 days, the bulky bandages may be removed. Keep the white Band-Aids, known as “steri-strip” tape, on your incisions. After 3 days, you may shower and pat dry your incisions. Please do not soak your knee in the tub or get into any pools.
3. You may apply ice packs to your knee 30 minutes on/off as needed to help with pain and swelling. We recommend icing in this manner for the first 48-72 hours.
4. Postoperative pain is common but should be controlled by the prescriptions given to you. Narcotics frequently cause itching and this can be treated with a non-drowsy over-the counter antihistamine (Zyrtec, Allegra, Claritin etc...) or Benadryl if needed. Narcotics will also cause constipation. If you are using a narcotic pain medication, it is recommended that you take an over-the-counter stool softener twice daily, such as Colace or MiraLAX. If you have not had a bowel movement in 2 days, you should use a laxative of your choice to help facilitate a bowel movement. We often recommend Dulcolax in pill form.
5. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
6. You should take one 81 mg aspirin (baby aspirin) twice a day for 6 weeks to reduce the possibility of blood clots.
7. You should take 1000mg of Tylenol (2 extra-strength tablets), AND 400mg Advil (2 tablets/capsules Ibuprofen) AT THE SAME TIME, with food, every 8 hours for the first 5 days after Surgery. Use your narcotic prescription for any breakthrough pain.
IMPORTANT: Do not take Tylenol if you have a history of liver disease or allergy. Do not take Advil or other NSAIDS if you have diabetes, kidney disease, are on a blood thinner, or have a history of gastrointestinal ulcers.
8. Call your doctor’s office for any fevers greater than 101.5 F or any other concerns. Present to the nearest Emergency Room for any chest pain, shortness of breath, intractable nausea/vomiting, or pain.
9. You will be seen in the office 3-7 days after your surgery. Please call my clinical assistant – Sarah Williams ATC if you do not already have an appointment: (404) 355-0743 ext. 1615

ACTIVITY

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1. Keep your knee elevated above your heart as much as possible for the next few days to decrease pain and swelling.
2. DO NOT Place a pillow under the back of your knee (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will help keep the knee straight while elevating. You will feel a pull at the back of the knee when you perform this and that is normal.
3. You may walk with your crutches placing full weight on your leg. Remember that the surgery will cause your thigh muscles to be weak, so take your time and be safe. Additionally, if you received a nerve block from anesthesia, you will need your crutches until sensation and strength return to your leg. Crutches are only for support for the first 24-48 hours after surgery. Feel free to walk without crutches as soon as you believe you can do so safely.
4. Your postoperative therapy begins on the day of surgery. Initially, you should perform ankle pumps (up and down motion), straight leg raises, and thigh isometric muscle contractions. There is no limit to the amount of these exercises you may do. No therapy should cause sharp pain. Stop all activities that cause this kind of pain.
5. Do not engage in activities which increase knee pain/swelling (prolonged periods of walking or standing) over the first 7-10 days following surgery.

BRACING AND CPM

1. CPM Machine: Set range of motion at maximum tolerated and increase by 10 degrees per day with a goal of 0-120 degrees. Use **8 hours per day**.
2. Knee brace or knee immobilizer: Brace should be worn at night locked in full extension. This will help preserve your extension range of motion. During the, you are encouraged to range your knee between flexion and extension as much as possible. No brace may be needed during daytime activities.