

**Shelden L. Martin, MD**

*Specializing in:*

- Sports Medicine
- Arthroscopic & Reconstructive Shoulder, Elbow and Knee Surgery
- Team Physician: Arizona Cardinals | Arizona Diamondbacks | Arizona Coyotes | Arizona Rattlers | Chicago White Sox

**Discharge and Home Instructions**  
**Knee Surgery**

The following surgery was performed:

- Arthroscopic:  Meniscectomy  Meniscal Repair  Chondroplasty  Microfracture/cartilage transplant  
 ACL reconstruction  Multiligament reconstruction Other \_\_\_\_\_
- Open:  Total knee replacement  Unicompartmental partial knee replacement  Fracture Repair  
Other \_\_\_\_\_

The following anesthesia was utilized:  General  Peripheral nerve block  Local anesthetic

Management after Anesthesia:

- Drink adequate amounts of fluids. Resume regular diet, beginning with bland, non-spicy foods such as soups and breads and progress as tolerated.
- Begin taking all your normal medications that were taken prior to surgery, unless directed otherwise.

Pain Management:

- You have been provided with the following prescriptions to help manage your pain and or prevent blood clots:  
Anti-inflammatory:  Diclofenac  Celebrex  Etodolac  
Narcotic:  Percocet  Norco  
Nerve pain medication:  Gabapentin  Lyrica  
Blood thinner  Aspirin
- These medications work together to help manage your pain, not eliminate it. It is normal to expect some level of pain after surgery. Begin taking these medications as directed the evening after surgery or as soon as you begin to feel pain, even if the peripheral nerve block or local anesthesia is still providing pain relief. You may begin to taper off the medications as your pain allows.
- Apply ice to the operative site for 15-30 minutes every 2-4 hours and elevate the operative leg above the level of your heart for the first 72 hours after surgery. Do not apply ice directly on the skin, as this may cause a burn.

Activity:

- Do not drive or perform strenuous activity for 24-48 hours after anesthesia. Do not drive while taking narcotic pain medications.

Blood Clot Prevention:

- Lower extremity surgery is a risk factor for developing a Deep Vein Thrombosis (DVT) or blood clot. You may have been prescribed aspirin to thin your blood to help prevent blood clots. Additionally, perform ankle and foot pumps regularly every 1-2 hours for the first 72 hours after surgery.

Surgical Incision Management & Bathing:

- Keep the surgical dressing clean and dry. You may remove it after 48-72 hours. If the incisions are dry, they may stay open to the air and do not need to be covered, except for bathing. Keep the dressings and incisions dry when bathing by covering the leg with a garbage bag and securing with a strong rubber band above the dressings or incision. This must be continued until your first follow-up appointment with Dr. Martin and removal of sutures or staples.
- It is normal for dressings to become lightly saturated after surgery in the first 24-72 hours. You may reinforce with additional gauze dressing and tape. Notify Dr. Martin's office if the dressings continue to be heavily saturated even with reinforcement.

Weight bearing:

- Depending on the procedure performed, it is sometimes necessary to limit the amount of weight that is able to be placed on the operative extremity to allow the surgical repair to heal. This will be continued for a period of time and will be discussed with you and your therapist in detail and is individual and specific to each patient.
  - You may bear weight as tolerated based on your pain level. You may use crutches for comfort, but they are not necessary.
  - You may put only partial weight on the operative extremity and must use crutches at all times. This is called "touch down" or "toe touch" weight bearing.
  - You must remain non-weightbearing and not put any weight on the operative extremity and must use crutches at all times.

Brace:

- Depending on the procedure performed, you may have had a brace applied to your operative extremity. Keep this brace in place at all times and locked in full extension until your follow-up visit with either Dr. Martin or your physical therapist. More detailed information regarding the brace and its use will be discussed at that time.

Physical Therapy:

- Appropriate physical therapy is critical to the success of your surgery and recovery and you should follow the following guidelines:
  - Begin physical therapy in 2-3 business days after surgery at designated facility. Take the attached physical therapy prescription with you to the physical therapist. It contains all the instructions for your therapist. If you have not been scheduled for physical therapy previously, ask Dr. Martin's staff for assistance to schedule this appointment.
  - Perform home exercises as instructed prior to surgery or by the physical therapist 1-2 times per day. Outpatient physical therapy will be discussed and scheduled, if needed, at your first follow-up appointment with Dr. Martin.

Concerns:

- Contact Dr. Martin's nurse at 602-631-3161 x107 if you are experiencing any of the following:
  - Fever greater than 101.5 or chills
  - Excessive redness or drainage from the incisions
  - Pain, numbness, or tingling that is worsening and not managed with ice and medications

Follow-up appointment:

- Call the office at **602-631-3161** to schedule a follow-up appointment for:
  - 1-3 days     7-10 days     10-14 days     \_\_\_\_\_,    /    / 2016
- Dr. Martin will see you at the following office:     Any office     Phoenix     Chandler