



ORTHOPEDIC ASSOCIATES of HARTFORD

Chris Lena MD, James Alvarez PAC

Arthroscopic and Reconstructive Surgery of the Shoulder and Knee Sports Medicine

MEA's Karen Smith, Jackie Zuidema, Annmarie Fiore

Tel: (860) 549-8249 - FAX: (860) 244-8813

www.oahct.com

LATERAL RETINACULAR RELEASE

1. **GENERAL:** You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.
2. **ACTIVITIES:**
 - a. **WEIGHT BEARING:** No harm is done in putting full weight on your leg in the knee immobilizer immediately. You are encouraged to try to walk as smoothly as possible. Do not do any strenuous activity until I clear you for this. You may experience some discomfort as you walk. You may use crutches, but generally they are not necessary. Motion is encouraged and some simple light-load muscle toning exercises are permitted (you will need to remove the brace for these).
 - b. **DRIVING:** You may drive a vehicle after 48 hours as long as you are able to safely operate the vehicle. If your injured knee is on the left and you have a car with an automatic transmission, you should be mechanically able to perform the functions associated with normal driving. If your right knee is the injured one, you are not able to use your right leg to push on the brake or accelerator and are thus not mechanically able to perform the functions associated with normal driving. **You cannot drive if you are taking narcotic pain medication!!!**
 - c. **WORK:** You may return to work as soon as you feel able and if performing your regular job is possible given your activity restrictions.
3. **BANDAGES/SPLINT** It is not unusual for some blood to show through on the dressing. Some bloody drainage is expected, and may last up to 24 hours. If your dressings become soaked, you may reinforce them with gauze pads available at any pharmacy. The splint and dressing should cover the wounds and support the leg but should not feel overly tight or uncomfortable. If it seems too tight you should undo the ACE only, and then re-wrap the knee with the ACE a little looser. If it continues to be too tight call the office or go to the ER if it is after hours. Your bandage may be removed 2 days following surgery. The knee should then be re-wrapped with only the elastic bandage for about 3-4 days or until swelling is gone.
4. **MEDICATIONS:** A prescription will be provided to help relieve pain. Please use this medication as directed. This medication is strong, and should not be taken with alcohol or other pain medications, and may cause drowsiness. Exercise good judgment in its use. You may also try over the counter pain medications such as Aleve (Naprosyn) or Advil (Ibuprofen). Take as directed unless there are contraindications. **Take 1 Aspirin (325 mg) daily in addition to the pain medication (DVT prophylaxis).**
5. **SHOWER:** You may shower after 48 hours. You must keep the incisions **DRY!** Try taping plastic wrap around the area while showering (or there are waterproof band-aids available you can find in a pharmacy). You can remove the ACE wrap and brace for hygiene. Do not take a bath or submerge the knee under water until told to do so.
6. **STITCHES:** There are stitches in the skin. After 7-10 days we will remove the sutures in the office.

7. **EXERCISES:** The thigh and calf muscles will shrink in size and strength quite rapidly unless they are exercised. Simple exercises should be started as soon as possible. The best exercises are as follows:
- Straighten your knee as much as possible and clench the thigh and calf muscles tightly. Hold the muscles clenched tight for 5 seconds, and then relax. Repeat this exercise 10-20 times every 30-60 minutes. You should try to do at least 100 per day to keep the tone and strength in the muscle.
 - You can remove the brace to bend the knee the day after surgery
 - You can do straight leg raises in the brace as soon as you feel comfortable (while standing or laying down).
 - The need for physical therapy will be discussed at your follow-up visit.
8. **COMFORT:** Pain and swelling after surgery is to be expected. While swelling is a normal response to the surgery, it can contribute to your pain. Using ice regularly and elevation (foot, ankle and knee above the level of the heart) is the best way to decrease your pain and swelling. It is critical that you spend the first week after surgery with your foot elevated above your heart as much as possible. If the following develop and persist after 24 hours, please call the office:
- Fever over 101 degrees.
 - Swelling below the knee, in the calf, ankle or foot which does not respond to loosening of the ace wrap/bias wrap and ice/elevation.
 - Increasing pain in the thigh or calf.
 - Discharge or drainage through the dressing which continues greater than 24 hours.
9. **FOLLOW-UP:** Please call the office (549-8249) the day after your operation and make an appointment for 7-10 days after your procedure. You will be checked, your dressing and splint will be removed (you may require additional bracing); x-rays will be taken if necessary, your procedure discussed and your rehabilitation will be planned.

