

Manipulation Under Anesthesia/Lysis of Adhesions (frozen knee/adhesive capsulitis)

Manipulation under Anesthesia

This means you are put to sleep with general anesthesia. Then the surgeon aggressively stretches your knee joint. The heavy action of the manipulation stretches the knee joint capsule and breaks up the scar tissue. In most cases, the manipulation improves motion in the joint faster than allowing nature to take its course. You may need this procedure more than once.

Arthroscopic Release (Lysis of Adhesions)

When it becomes clear that physical therapy and manipulation under anesthesia have not improved knee motion, arthroscopic release may be needed. This procedure is usually done using a general anesthesia. The surgeon uses an arthroscope to see inside the knee. During the arthroscopic procedure, the surgeon cuts (releases) scar tissue. At the end of the release procedure, the surgeon gently manipulates the knee to gain additional motion. A steroid medicine may be injected into the knee joint at the completion of the procedure.

Post-Operative Instructions:

- 1. **DRESSINGS:** If you had a manipulation there will be no dressing. If you required an arthroscopic release your dressing may be removed in 2 days. There are sutures in the incisions, please keep covered. Do not bathe or submerge in water for 7-10 days. Showers are allowed, provided you can cover the incisions with waterproof band-aids.
- 2. **ACTIVITY:** You are encouraged to use the treated leg in everyday activities. You'll resume therapy within one to two days of the knee manipulation.
- 3. **DRIVING:** You may drive a vehicle after 48 hours as long as you are able to safely operate the vehicle. If your injured ankle 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 ankle 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!!!**
- 4. MEDICATION: 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 (narcotics), 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. If additional medication is required, please call our office.
- 5. **FOLLOW UP:** Your should call the office, (549-8249), the day after your surgery and make an appointment for follow-up 7-10 days from the date of your procedure. If you have any specific questions or concerns, let our secretary know, and we will get back to you
- 6. **WORK:** You may return to work when comfortable Straighten your knee as much as possible and clench the thigh 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 tightenings per day to keep the tone and strength in the muscle.
- 7. QUESTIONS: Please refer to frequently asked questions sheet.

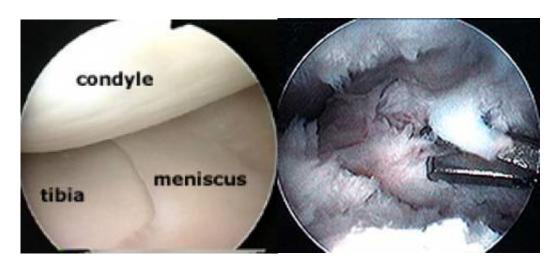
Knee Arthroscopy Postoperative Instructions

You've had arthroscopic surgery today. Your knee joint was evaluated thoroughly.

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	Use cr	utches	Try to walk normally	Straighten and be	end knee
Start physical therapy (a referral has been given)					

You should change your dressing in 2 days if you had a lysis of adhesions performed. Cover the portals with waterproof band aids. We will remove all stitches at your visit. You may shower at 48 hours but do not soak the incisions.

Pain is expected for several weeks. Use your medication for severe pain. Call if fever greater than 101º and does not come down the use of Tylenol or Advil, or if infection is noted. Call 549-8249 for office visit **7-10** days after surgery. If you want to return to work before your next visit, call the office.



On left above - view down the arthroscope of a normal knee, showing the rounded end of the femur (condyle), the flattened top of the tibia, and the meniscus wedged between them.

On right above- similar view in a knee with advanced arthrofibrosis, showing a dense growth of fibrous scar tissue and overgrown synovium obscuring the normal anatomy.