MEDICATION

- One of three pain medications, Norco (hydrocodone), Ultram, or Tylenol #3 will be prescribed to you. Take as instructed and as needed.
  - Pain medication may cause constipation. You may take an over the counter stool softener (Colace, Senekot, etc) to help prevent this problem.
  - These medications can cause nausea, therefore, take these medicines with food to prevent this side effect.
  - You may not drive or operate heavy equipment while on narcotics.
- If a nerve block has been performed, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 10-12 hours after your surgery). **DO NOT WAIT UNTIL THE BLOCK COMPLETELY WEARS OFF.**
- If prescribed Lovenox for prevention of blood clots, begin the day AFTER surgery and complete all injections.
- Take one regular aspirin (325 mg) twice a day for 7 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- **Resume all home medications unless otherwise instructed.**
- Call the office immediately, (404) 255-5595, if you are having an adverse reaction to the medications.

WOUND CARE

- Immediately after surgery, if you feel your bandages are too tight, you may loosen the ace wrap only.
- You may remove your bandages two days after surgery (surgery Wednesday, remove Friday; Friday surgery, remove Sunday) unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions. If they fall off, cover incisions with band-aids.
- Incisions may not get wet until after your first postoperative visit. NO submersion of wounds (bath, hot tub, pool) until a minimum of 2 weeks after surgery.
- To shower or bath with your dressing still on, wrap the leg in a large plastic garbage bag with tape at both ends. After you remove your dressings, wrap with plastic wrap or use waterproof bandaging. Pat dry if knee gets wet.
CRUTCHES
- You may place full weight on the involved leg after surgery to help with balance and stability.
- Crutches will be needed initially for comfort until you can walk with a normal gait (heel to toe walk).

EXERCISE
- Following surgery three main goals exist:
  1. Full knee extension
  2. Quadriceps contraction and activation
  3. Control of pain and swelling.
- To help gain full knee extension, place a small rolled up towel under your ankle and push back of knee toward the floor by contracting your quadriceps muscle.
- Depending on your limitations after surgery, several exercises will be beneficial for you at home: quad sets, ankle pumps, and straight leg raises will be demonstrated to you after surgery and should be done 3-4 times a day.
- DO NOT put pillows under the knee while sleeping. This can lead to a flexion contracture of the knee. Instead, place the pillows under your heel to ensure full extension to the knee.
- Elevate your leg for several days if you are sitting to help with swelling.
- Being up and around after surgery will help diminish the risk of blood clots.
- Therapy is a key aspect of recovery and should start within 2-3 days after surgery.

COLD THERAPY
- Ice or NuPulse (if covered by insurance) should be used for comfort and swelling. Use it at least 20 minutes at a time. Many patients use it an hour on then an hour off while awake for the first day or two following surgery.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt between your skin and the ice or cryo-cuff.
- After the two days, use 20-30 minutes every 3-4 hours if possible.

BRUISING
- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- If you experience severe calf pain or swelling, call the office immediately.

EMERGENCIES
- If you have an emergency contact Dr. Nicholson’s office at (404) 255-5595.
- Contact the office if you notice any of the following:
  - Uncontrolled nausea or vomiting, reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.
DRIVING
- You may drive when off all narcotics and have stopped using crutches. You must be able to brake firmly and comfortably.

FOLLOW UP APPOINTMENT
- Please make your first post-op visit 5-7 days after surgery if not done so already.
- If you have any questions, please do not hesitate to call the office.