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.
  - You should take these medicines with food or they may nauseate you.
  - You may not drive or operate heavy equipment while on narcotics
- If you have a nerve block, 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 COMPLETELEY WEARS OFF.**
  - Most patients find it helpful to take two pills 10-12 hours after surgery and another two, four hours later to help transition to oral pain medications.
  - The first 48 hours are typically the worst for pain and gradually improves.
- **DO NOT take any medication with Advil or ibuprofen for two weeks after surgery as this may impair graft healing.**
- If prescribed Lovenox for prevention of blood clots, begin the day AFTER surgery.
- Take one regular aspirin (325 mg) twice a day for 10 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- A sleeping pill may also be given, take as needed.
- **Resume all home medications unless otherwise instructed.**
- Call immediately to the office, (404) 255-5595, if you are having an adverse reaction to the medicine.

WOUND CARE
- Do not remove or unwrap your dressings. This is to help keep the wounds clean and decrease the chance of infection.
- If you feel they may be too tight, you may loosen the ace wrap.
- Dressings will be changed on your first post-operative visit and a new dressing applied. If they get EXCESSIVELY wet prior to this, meaning “soaked through,” contact the office.
• Until your first post-op visit, wrap the leg, WITH BRACE, in a large plastic garbage bag with tape at both ends to shower or bathe.
  - Dr. Nicholson will instruct you when you may shower without the brace on.
• Continue to use the bag, plastic wrap or waterproof bandages to keep incisions dry for at least 2 weeks after surgery.
• NO submersion of wounds (bath, hot tub, pool) is allowed until a minimum of 3 weeks after surgery.

CPM
• The motion machine should be used without your brace for 4-6 hours a day in 1-2 hour increments as tolerated for 2 weeks until a goal of 90 degrees has been achieved comfortably. If you reach 90 degrees comfortably prior to 2 weeks, you may not require further use of the device.
• Start at 0-30 degrees and increase as tolerated up to 90 degrees unless instructed otherwise. If this becomes too painful, you may decrease the flexion to a tolerated degree.
• DO NOT sleep in the machine or exceed 90 degrees of flexion
• Contact the CPM representative to coordinate returning the machine after 2 weeks.

CRUTCHES
• Full weight bearing as tolerated with your brace locked straight on the involved leg is allowed unless instructed otherwise after surgery to help with balance and stability.
• Crutches will be needed until physical therapist and Dr. Nicholson deem them unnecessary. This will be based on strength in the involved leg and your ability to walk with a normal gait (heel to toe walking without a limp).

BRACE
• The post-operative IROM brace, locked in full extension, is to be worn at all times while not in the motion (CPM) machine.
• It is necessary for even the simplest tasks such as going to the restroom to protect your knee while your muscles are inhibited.
• Dr. Nicholson will instruct you when to open the brace and discontinue the brace.

EXERCISE
• Following surgery three main goals exist:
  - Full knee extension
  - Quadriceps contraction and activation
  - 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 to touch 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. Instead, put pillows under your heels which will help to keep the knee extended.
• 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.
• **Physical Therapy is a key component of recovery and should start within 1-3 days after surgery.**
  - THIS APPOINTMENT SHOULD BE MADE BEFORE SURGERY TO ENSURE YOU BEGIN THERAPY ON TIME. IF YOU HAVE DIFFICULTY DOING THIS, CONTACT THE OFFICE FOR ASSISTANCE.

**SLEEP**
• Nighttime will probably be the most uncomfortable time. You should use the sleeping aid as prescribed to assist you in resting well.
• You should sleep in your post-op brace until your first post-op visit where you will get additional instructions depending on your progress.
• You may slightly loosen the straps to aid in sleeping if you feel they are tight.

**COLD THERAPY**
• Ice or cryo-cuff (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.
• **Never apply directly to exposed skin. Place a dish-towel 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.
• A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat when done.

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

**EMERGENCIES**
• If you have an emergency contact Dr. Nicholson’s office at (404) 255-5595 and he will be contacted.
• 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 is 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.**
FOLLOW UP APPOINTMENT

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