



## **After Arthroscopy-Frequently Asked Questions**

### **Q: When can I shower?**

A: You or your home nurse (if arranged) will change your dressing the second or third day after your surgery. Keep a clean, dry dressing covering the portals for the first week. To shower, cover the portals/incision and dressing with a plastic wrap. Press and Seal (a grocery store item), or sticky plastic wrap, works well to cover the surgical site and keep it dry.

### **Q: How often and how long should I use Ice Packs?**

A: You should utilize ice packs for the first few weeks to reduce pain and swelling. You can apply ice for no more than 20 minutes at a time. You should wait at least 20 minutes to reapply, repeating this cycle as often as you wish. You can start application of ice, or cold machine, the day of surgery. Ice/cold helps to decrease inflammation even after the first 48 hours, especially for activity related inflammation. The ice machines do not have the 20 minute limit that ice packs have.

### **Q: When can I begin to drive?**

A: Approximately 1-3 days from time of surgery, on the average. The criteria for driving are as follows:

1. Once you are no longer taking the narcotic pain medications during the day.
2. If your lower extremity was operated on:
  - a. 90 degrees of bend to ensure ability to transition from brake to gas pedal.
  - b. Able to transition to and from brakes and gas safely with the ability to apply significant pressure.
  - c. Demonstrated adequate strength.
  - d. You should sit in your car while it is parked and assess if you “fell safe” operating the controls of the vehicle.
3. If your upper extremity was operated on:
  - a. Your upper extremity is not Immobilized (i.e. sling).
  - b. Demonstrated adequate strength as determined by you and/or your physician to operate the steering and if necessary the shifting of your vehicle.

### **Q: When can I go back to work?**

A: Depending on whether or not light duty/transitional duty are available, you could return as soon as the next day after surgery. If your occupation requires full or heavy duty, then you may return as soon as you are able to perform your job specific duties safely. It is not recommended that you work while taking narcotic pain medication.

**Q: There is some drainage/bleeding from the Incisions? What should I do?**

A: Slight drainage from one or more of the incision sites is common during the first few days. This drainage is typically thin and watery, and should be clear to reddish in color. Arthroscopic surgery is performed with the joint full of saline (salt water) and this naturally and intentionally leaks out of the portals in the days following surgery. The patient should not panic about this drainage and simply reinforce the dressing or change it. If it is copious, discolored, or purulent (pus) and associated with pain or fevers, you should immediately contact your surgeon.

**Q: How will I know if there is an infection?**

A: The first sign of an infection is malaise (a general feeling of illness) and fever, which can develop anytime after surgery. It is very normal to have a slight increase in temperature after surgery; this is your body's normal response to the surgical trauma and your decreased activity level. Temperatures that remain elevated above 101.5 degrees Fahrenheit and are not relieved with the use of antipyretics (such as Tylenol, Aspirin or Ibuprofen) should be called to your doctor's attention. Infections produce an area of redness, increased pain/tenderness, increased warmth, swelling, sometimes purulent drainage around the incision site as well as decreased function of the operative site (i.e. shoulder or knee). If there is infection you should immediately contact your doctor

**Q: Should I move after arthroscopic surgery?**

A: As soon as you recover from anesthesia you should try to move. You are not to remain "bedridden". Activity soon after surgery helps to reduce the risk of developing pneumonia, thromboembolism (blood clots) and adhesion (scar) formation. Strenuous activities such as lifting weight, straining and vigorous exercise should be avoided until your surgeon clears you for such. Most people begin exercising 1 to 3 weeks following arthroscopic surgery.

**Q: Why am I constipated after surgery?**

A: Constipation is common after any surgery because of decreased activity and pain medications. Narcotics (pain medication) cause constipation. This is not as much a complication as an expected side effect. To avoid constipation you should increase your intake of fluid, fruits and fiber. It is also suggested that you take a stool softener (i.e. Senekot or Colace). Constipation is generally temporary and most patients will have no problem after 48 hours. If there is constipation after 3-4 days, a mild enema may be necessary to resolve the problem.

**Q: What do I do if I am having a lot of pain after surgery?**

A: Although arthroscopic surgery has less post-operative pain compared to open procedures, it is incorrect to think that arthroscopic surgery is a painless surgery. Take your pain medications as directed. Use the R.I.C.E. principle—rest, ice, compression (ACE wrap), and elevation (above the level of the heart). You may also try over the counter pain medications such as Tylenol or Ibuprofen. Take as directed unless there are contradictions. Maximum amount of Tylenol (acetaminophen) is 3000mg per 24 hr period. If these methods do not work contact your doctor. Patients should avoid alcohol while taking pain medication. Within a few days, the pain should gradually subside.

**Q: Why am I so itchy?**

A: The narcotics which are routinely prescribed after surgery cause the release of histamine which can make some people itch. Unless you develop hives or shortness of breath you are not having an allergic reaction. To decrease the itch you can take an over the counter anti-histamine like Benadryl or Claritin. If you have an allergic reaction, such as shortness of breath, swelling in your throat, hives or flushing you should stop taking your medication and contact our office. If you have difficulty breathing call 911 immediately.

**Q: What do I do if I have nausea or I am vomiting and can't eat?**

A: Try to continue to take in fluids to avoid dehydration. Don't panic, because of disturbed physiology, anesthesia and narcotics it is unfortunately common to have nausea and vomiting after surgery. Over the counter medications like Benadryl or Dramamine can be helpful if used as directed. If these medications are not beneficial call your doctor. It may be necessary for him/her to prescribe an anti-emetic to be taken by mouth or sometimes if you are unable to take anything by mouth, to be taken per rectum (i.e. a suppository).

**Q: When should I see the doctor after surgery?**

A: Usually a time frame to follow up will be on your discharge instruction sheet. You will need to call the day after surgery (during business hours 8:30 a.m.-4:30 p.m.) to schedule your follow up appointment. Typical the first post op appointment is about one week from surgery.