Wound Care:
- Remove dressing in 2 days and apply band aid to cover sutures.
- Keep steri-strips in place until they fall off or they are removed at your first post-operative visit.
- Showering in 3 days is fine; be sure to pat the incision dry afterwards.
- Do not scrub the area; just allow water/soap to wash over you.
- Do not bath or swim until the sutures are removed.

Ice:
- We recommend that you use the ice wrap/cryocuff on a consistent basis for the first 24–48 hours. This will help reduce post-operative swelling. After that, use as necessary.
- If the cryocuff is not available or if you find this uncomfortable, you can simply apply an ice pack to your knee 3 – 4 times per day until the swelling resolves.

Braces:
- With an Arthroscopy with Microfracture, you will be placed in a hinged knee brace for 6 weeks. You will have a bulky dressing initially which can be replaced with gauze after 2 days. TED stockings will hold the gauze in place.
- Please wear TED stockings for 1 week.

Crutches & Weight bearing status:
- Generally, following an Arthroscopy with Microfracture, you cannot bear weight on your leg for 6 weeks. However, if you have undergone a microfracture of the patella or the trochlear groove, you can be weight bearing as tolerated with your brace locked in extension (with your leg straight).

Physical Therapy:
- Formal physical therapy will be ordered by your orthopedic surgeon in the form of a written prescription upon discharge from surgery. You will also receive a therapy protocol form. Following an arthroscopy with microfracture, you should start formal physical therapy within 3-5 days. The prescription and protocol should be given to a physical therapist of your choice so you can begin your program as directed under close supervision of your surgeon.
Until you begin working with a therapist, you can do some exercises at home, such as: quad sets, leg raises and calf pumps (see pictures below).

### Quad Set Exercise

a. Tighten the muscles on top of the thigh as tightly as possible and hold.
   1. Pull your toes back.
   2. Push the back of your knee down to the floor.
   3. Try to push out and up through the heel.

b. Pull 10 seconds, trying every second to pull even tighter.

c. Relax 5 seconds.

d. Repeat for 2 sets of ten times. Rest 60 seconds between sets.

### Straight Leg Raise

a. Tighten the muscles on top of the thigh as tightly as possible and hold.

b. Raise the entire leg holding the knee as tight as possible. Hold 5 seconds.

c. Lower leg and rest 2 seconds.

d. Repeat for 2 sets of 10 times.

e. Rest 1 minute between sets.
Flexion and Extension

a. Sit on something high enough to keep foot off the floor.
b. Bend the knee as far back as possible.
c. Straighten knee as far forward as possible and hold it straight.
d. Then relax. (Like pumping on a swing.)
e. Repeat for 3 sets of 10 times.

Calf Pumps

Pointing the Feet:- Action
1. (Keeping your foot strictly in line with the ankle knee and hip joints): Point the foot away from you.
2. Repeat slowly, five to 10 times each foot.

Flexing Feet:- Action
1. (Keeping your foot strictly in line with the ankle knee and hip joints): Flex the foot, this time letting the heel push away from you, and the toe end of the foot come toward you.
2. Repeat slowly, five to 10 times each foot.

Pain Control:

Narcotics
➢ You have been prescribed ___________________________, which is a narcotic pain medication.
➢ Use the medication only as prescribed. Take it with food.
➢ Do not drive or use any type of heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill.
Take a stool softener, such as Colace, while taking the narcotic medication, because narcotics may cause constipation.

Non-Steroidal Anti-Inflammatory Medications:
- Please take an over the counter non-steroidal anti-inflammatory such as Motrin, Advil, Ibuprofen or Aleve (600 mg every 12 hours) for additional pain control, only if you do not have a contraindication to taking this medication (i.e. allergy to the medication, stomach ulcers or kidney problems).
- Take this medication with food, and try to stagger the times you take this medication with your pain medication. This may help decrease the chance of stomach upset.
- If you can take Aspirin without any difficulty, then you should take Aspirin 325 mg daily for 4 weeks, starting the day of your surgery, upon arriving home.

Driving:
- In general, you can resume driving after your first post-op appointment, when you have full control of your arms and legs and you are pain free.

Return to Work:
- You may return to work as soon as you are comfortable as soon as you feel comfortable. This typically will occur 1–2 weeks post-op if can use crutches while at work, or around 8-10 weeks if you cannot. Return to work notes can be obtained from your orthopedic surgeon at your first post-op appointment.

Follow-up Appointment:
- Your first post-operative appointment will be scheduled 10 – 14 days following your surgical procedure. At this appointment your sutures will be removed. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 617-667-3940 to make the appointment. At your first post-operative appointment, you will be seen by a physician assistant (PA) or nurse practitioner (NP).

***Signs & Symptoms to Immediately Report***
- Call 911 and go to the nearest hospital if you are having chest pain or trouble breathing.
DR. RAMAPPA’S POST-OPERATIVE INSTRUCTIONS
Arthroscopy with MICROFRACTURE
Sports Medicine
Beth Israel Deaconess Medical Center
617-667-3940

Call the office at: 617-667-3940 to report any of the following:
♦ Persistent fever (101 or greater)
♦ Sudden increase in pain and swelling
♦ Wound redness or drainage
♦ Increased skin temperature around incision
♦ Deep calf pain and swelling

DATE: 4/27/08

Sources:
Huddleston, HD, Dr.; The Hip and Knee Institute; Home Exercises for the First 8 Weeks. Pages 1-4.