

The Sports Medicine Center

Frank K. Noojin, M.D.

Pre-operative Instructions:

1. Do not eat or drink anything after midnight the night before your surgery.
2. Please discontinue aspirin 10 days prior to your surgery when possible to minimize bleeding.
3. Please discontinue the use of anti-inflammatory medicines such as Motrin, Aleve, Advil, and Ibuprofen 10 days before your surgery if possible to minimize bleeding.
4. You may take anti-inflammatory medicines such as Celebrex, Mobic, or Bextra prior to surgery because these medicines do not affect your bleeding time or clotting capability.
5. Please discontinue the use of any herbal supplements two weeks before your surgery to minimize anesthetic risks. Some herbs are biologically very important. The following specific herbs should definitely be discontinued prior to surgery: valerian, echinacea, ephedra, ginkgo, kava, garlic, ginseng, and St. John's wort.
6. Please discontinue diet medications such as Phentermine, Contrave, and Hydroxycut 14 days prior to surgery.
7. Anesthesia: The type of anesthesia used is between you and the anesthesiologist. Local anesthesia alone is not recommended for most patients undergoing knee arthroscopy due to inadequate pain control during the procedure.
8. If you are over the age of 55 or have any significant medical problems such as hypertension, diabetes, or heart disease, please contact your primary care physician to discuss what your risks may be of sustaining a medical complication during or after surgery. We will be happy to refer you for a pre-operative medical consultation when necessary as well.
9. Make certain that you arrange for someone to drive you home the day of surgery and stay with you the night of surgery.

Surgery:

1. Surgery is done very effectively as an outpatient.
2. Surgical time (depending on your procedure) is usually between 20 minutes to two hour after induction of anesthesia, positioning, and sterilely preparing the operative area.
3. Time in the recovery room immediately after surgery is usually between one and two hours.
4. For most patients, only a soft dressing will be required postoperatively. However, occasionally a sling or brace may be necessary depending upon the surgical procedure. If a brace is necessary, it will be provided to you on the day of surgery.
5. A prescription for pain medication will be given to you on the day of surgery.

Post-operative Instructions:

- a. Pain is very manageable with narcotic pain medications for the first few days. Narcotic pain medications may be necessary for up to 2 weeks for the average person. You may also take anti-inflammatory medicines (Aleve, Advil, Ibuprofen, etc.) with the narcotic medicines after surgery.
- b. Icing: Postoperatively, an ice bag placed on top of the bandage is recommended to reduce swelling, decrease pain, and decrease inflammation. Be sure to place ice on the post-op wrap or a cloth to minimize risk of irritation on the skin. After the first 48 hours, it is no longer necessary to use this continuously but only as needed for pain and swelling.
- c. Swelling is normal for the first three to four weeks after surgery and may persist for up to three months.
- d. Driving time: If the surgery is performed on your left leg, you may expect to drive one week after your surgery if you are off all narcotic medications. If the surgery is on your right leg, you may not be able to drive for three to five weeks depending upon the individual. Driving with automatic transmission (as compared to manual transmission) is recommended.
- e. Showering: You may change the dressing and shower 48 hours after your surgery. Place band-aids over your incisions. You may bathe before 48 hours after surgery but please keep the bandages on your knee dry (use a plastic bag or plastic wrap).
- f. Crutches: (for knee and ankle patients) Crutches will be necessary for up to 3 to 4 days after your surgery in most cases. For a meniscus repair, crutches and a brace may be necessary for up to 3-4 weeks.
- g. Sling: (for shoulder and elbow patients) A sling will be necessary for up to 3 to 6 weeks after your surgery depending on the size of rotator cuff tear and the recommendations of your physician. It is very important to remain in the sling at all times until further instructed by your surgeon.
- h. Physical therapy: P.T. visits will be needed twice a week for up to 4 to 8 weeks depending upon the individual and the procedure performed. We will schedule your therapy visits within the first week after surgery.
- i. When will my knee have full range of motion? The amount of time varies depending upon the individual. Most people have full range of motion by three to four weeks after surgery.
- j. Healing time: Your sutures are usually removed within two weeks after surgery if removable sutures are used. Meniscus repairs usually require up to 6 months to heal fully.
- k. Return to work: For a sedentary, desk type of job, one can generally expect to return to work in one week. Reduced hours may be necessary initially. For a moderately strenuous job (prolonged standing or walking but no squatting, climbing, or heavy lifting), one can expect to return around three to four weeks after surgery. For a strenuous job with no light duty available, return to work time can be up to two to three months.
- l. Out of Work Forms: Please provide our office with any forms from work that need to be addressed. The time required to complete these forms is reduced if you answer the non-medical questions (name, address, employer information, date of injury, etc.) prior to turning them over to us.

- m. Surgical complications: Most patients hopefully will experience no complications and enjoy a rewarding return to regular activities. However, like most surgical procedures, knee arthroscopy does have post-operative complications. Most complications are minor and include kneeling discomfort, areas of skin numbness around the knee, minor loss of knee motion, persistent swelling, or occasional pain in the knee. More severe and less frequent complications include infection, medical complications from anesthesia, blood clots, severe loss of motion necessitating additional surgery, residual pain, progression of arthritis, or nerve injury.

We hope that your experience with the Sports Medicine Center at the Moore Center for Orthopedics is as pleasant as possible. Dr. Noojin is a Board-certified by the American Board of Orthopaedic Surgery and Fellowship-Trained in Sports Medicine and the arthroscopic treatment of knee, shoulder, elbow, and ankle disorders. It is his ambition to return you to activities that you enjoy in the most minimally invasive manner possible utilizing both nonsurgical and surgical methods.