



Dr Bu Balalla

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Suite 5, Level 2,
19 Kensington Street
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Post-operative information

Knee Arthroscopy

On discharge:

Nearly all patients are suitable for discharge on the same day as their surgery. Ensure you are steady on your crutches at the time of hospital discharge. Feel free to put your full weight on your operated knee, and bend the knee as much as you wish.

Please do not drive yourself home - please arrange for a taxi if a friend or relative cannot pick you up.

You will have been provided with a prescription for pain medication. Please commence these on the evening of your operation. There will be some local anaesthetic around your knee which lasts around 12 hours. You will experience a dull ache when this wears off. It is advisable to start your pain tablets before this pain starts.

An ice pack intermittently over the bandages can help with pain and swelling.

The day after surgery:

Remove the outer crepe bandages, leaving only the sticky white dressings underneath. You may shower with these dressings. Your wound will do best with the original sticky dressings in place. However if they begin to fall off later in the week, please replace them with the spares provided by the hospital. Your wounds should be covered at all times.

During the first week after surgery:

Ensure that you have confirmed the time of your follow-up appointment by calling my rooms on 9680 1315, if you have not already done so prior to surgery.

Purchase a simple knee sleeve from the chemist and wear this at all times, except during bathing. This sleeve should not have any supporting struts, inserts, or hinges. They are usually made of neoprene, like wetsuit material.

Make contact with a physiotherapist, and commence the protocol on the following pages. Your physio can download a copy of the protocol at:

<http://kneesurgerysydney.com.au/physios/post-operative-pathways>

You can reduce and cease your pain medications as soon as you feel able.

10–14 days after surgery:

I will see you for your first follow-up appointment. I will remove any stitches. You do not need to cover your wound after this time. I will also show you some images from your arthroscopy, and discuss the findings of the operation with you. We will discuss any further reviews or treatment at this meeting.



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Please contact Dr Balalla's rooms via phone or email urgently if you suffer from any of the following:

- › Worsening pain
- › Fevers or chills
- › Increasing redness around the incisions
- › Calf swelling or pain which worsens
- › Shortness of breath

This resource is provided by Dr Balalla for the information of patients who have had arthroscopic knee surgery.

To discuss any concerns or the information above, please phone Dr Balalla's rooms on (02) 9680 1315, or email enquiries@drbalalla.com.au.

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Physiotherapy Protocol

Knee Arthroscopy

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Please give this protocol to your physiotherapist

STAGE	GOALS
<p>Week 0–2</p> <p>Discharge on day of surgery.</p> <p>Commence physiotherapy day 3–5 post surgery.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Decrease/control swelling and pain › Full active and passive extension › 90-degree flexion › Ability to SLR › Full weight-bearing as tolerated <p>Reduce dressings day 1 post-surgery. Keep waterproof dressings intact.</p> <p>Showering allowed, with wounds covered.</p>	<p>Pain control with analgesics and cryotherapy. Swelling control with compression sleeve.</p> <ul style="list-style-type: none"> › Active and active assisted knee flexion › Static and inner range quadriceps exercises › Straight leg raises › Ankle dorsiflexion/plantarflexion exercises › Mobilise weight-bearing as tolerated › Achieve full extension › Wean crutches › Gentle closed chain quadriceps exercises › Emphasis on alignment and co-contraction › Start basic proprioception, balance and co-ordination training
<p>Week 2–6</p> <p>Review 10–14 days post op for removal of sutures. Operative findings explained to patient.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Full extension (normal/hyper-extension) and full flexion › Good activation of quadriceps and straight leg raise with no lag › Minimal pain › Mild/stable effusion › Normal gait pattern 	<ul style="list-style-type: none"> › Swelling management › Progress closed chain quadriceps exercises with co-contraction-double leg wall mini squats, sit to stand, lunges › Closed chain knee flexion exercises › Proprioception, balance and co-ordination training › Core and hip stability exercises › Once 100-degree flexion is achieved can start using a stationary bike <p>Can resume sports when full range achieved, and power within 90% of normal contralateral side.</p>

This resource is provided by Dr Balalla for implementation by a qualified physiotherapist. Every patient's condition is unique and this information may not represent the full physiotherapy management plan directed by Dr Balalla.

To discuss any of the information above, please phone Dr Balalla's rooms on (02) 9680 1315, or email enquiries@drbalalla.com.au.

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