What to expect for your surgery:

**Prior to Surgery:**
- Starting 3 days prior to surgery if possible, shower with an antibacterial soap.
- Shower the night before, or morning of, with an antibacterial soap, not one with perfumes. Do not put lotion on your legs. Women can shave as usual; men will have their hair shaved in the pre op area.
- Nothing to eat or drink after midnight.
- IF you are on medicine for your heart, or high blood pressure, please be sure to take those as usual prior to surgery. Just use enough water to get the medicine down.
- IF you have Diabetes, be sure to find out what medicines you need to stop prior to surgery. (Stop Metformin/Glucophage 48 hours prior to surgery and need to stay off of it for 48 hours after surgery. Patients may need to set up another therapy with their personal physician for the perioperative period)
- If you have Sleep Apnea, and/or use a CPAP, you must bring the CPAP to surgery, and you may have a few hours longer in recovery.
- IF you have asthma, and use an inhaler, bring it to surgery.
- It is OK to brush your teeth in the morning as usual.
- Wear loose comfortable clothing to surgery
- Remove jewelry and piercings
- If you have any questions about what to bring or wear, call KSRC at 634-0090 or visit their web site at www.KSRC.com; or for Surgicare call 685-2207
- Please stop any Aspirin use 5 days prior to surgery. If you are on coumadin, please notify the office.

**The Surgery Center:**
Your surgery will be next door to the office, at Kansas Surgery and Recovery Center (KSRC) 2770 N Webb Rd, or at Surgicare of Wichita (810 N Lorraine Street). When you show up at the outpatient surgery center, you will check in at the front desk. A nurse will bring you back to the pre-op area, and ask you to change into a gown. Please leave shorts or underwear on, and for women it is ok to wear a jogging/sports bra. They will put you in a pre op bed, and get some information from you. Men will have their knees shaved mid thigh to mid calf at this time. The word “Yes” will be written on the operative leg.

Anesthesia will talk to you about the procedure, and you will most likely have a general anesthesia and sleep during the procedure. Discuss any concerns about anesthesia such as nausea or other affects with the Anesthesiologist at this time.

You will be given some pre-operative medicines at this time to relax and prepare you for surgery.

When we are ready for your operation, you will be taken back to the operating suite, and your family member can retire to the lobby waiting area. After the surgery, Dr. Jansson, Jamie or Mai will go to the waiting room and bring a set of pictures to your family member and discuss findings.
**Procedure:**
After you’re in the operating room, you will have a general anesthesia, and the procedure will begin.

An arthroscope will be inserted into the knee, and pictures are sent to a TV monitor to allow inspection of the inside of the joint. We do videotape the procedure inside your knee, and you are more than welcome to get a copy of that video. Pictures will be taken and you will get a copy of those after your surgery that day.

Other small holes will be made, and instruments inserted into the knee to treat any damage or injuries discovered.

Dr. Jansson uses 4 small holes to see inside your knee. He will inspect all the surfaces of the joint, the meniscus, and the ligaments inside the knee. Based on the findings of inspection, treatment will follow.

**Meniscus**
For any meniscus cartilage tears, it has to be decided whether the tissue is healthy or not. The type of tear found, the location of the tear on the meniscus, and the length of time the tissue has been torn are factors we consider.

For instance, knee pain with onset without much trauma may be a degenerative meniscus tear and the tissue will not be that healthy. Chronic aching in the knees could be an indication of this. Or, knee pain after a simple squat or twist may also be an indication that the tissue was unable to withstand normal forces indicating degeneration. For unhealthy tissue, a partial meniscectomy, where the tissue is removed will follow.

Sports injuries or acute injuries with associated ligament injury could mean a detachment of the meniscus from its rim. Otherwise healthy meniscus tissue, with good blood supply to these freshly torn tissues identified, can be repaired with sutures and restored.

If you had a meniscectomy, and tissue was removed, then you can resume walking in a day or so, and use crutches for assistance as you progress in healing. If you had a meniscus repair, then the crutches will be used for 3 to 4 weeks to help protect the tissue while it heals.

**Articular Cartilage: (Joint surface damage) or Chondromalacia**
If osteoarthritis is present, the Arthroscopic procedure will only clean up debris, but will probably not do much to stop the progress, or pain of the arthritis. If you have a cartilage flap, like a hangnail that is catching and causing pain, then smoothing the surface out could make that feel better, as trimming the tissue of the hangnail would. But the joint surface damage will still be present. This surface roughness is called chondromalacia. Smoothing out the roughness is called a chondroplasty.
Crutches are only used for a few days, and you can walk when you feel comfortable to do so. Occasionally, it is necessary to stay on crutches for 4 weeks if the procedure involved burring the bone to try to get a lesion to heal.

If the joint surface cartilage damage is severe, or even down to bone on bone, then an Arthroscopic procedure may not be enough to stop your pain, and you may need to discuss other options. If you have been living with bone on bone arthritis for some time, and a new distinct pain has occurred, then maybe cleaning out torn cartilage flaps, or torn meniscus tissue, or loose floating pieces may return you to your pre-incident level of comfort.

**Patella Surgery:**

Rough surface cartilage on the patella is called chondromalacia patella. This can be cleaned off to improve symptoms of grinding and pain.

If you have mal-tracking, then a lateral release may be needed. There will be a fair amount of swelling from this, and is expected. Be sure not to over bend the knee and ‘pressurize’ your knee while this swelling is resolving. Bruising is common for the first 2 weeks. Lateral thigh pain is very common.

**Ligament reconstruction:**

If you needed a ligament reconstruction, you have had further discussion about the choice of a graft material.

Reconstruction is performed using the Arthroscopic technique and one additional incision. This incision is for the drill to go thru the bone to make the bone tunnels to place the graft. You may have some numbness on the outside of that incision. That is the only incision that will have stitches in, and stitches will be removed in approximately 8 to 11 days.

You will use crutches to assist you to walk for a week or so. Off work depends on what type of job you have, but you should be able to return to some sit down work in a week or so.

Physical therapy is very important, and you will start PT usually 2 days after the surgery. There are specific exercises we want you to do in the first few days.

**The first few days after surgery:**

The first few days after surgery, regardless of the procedure, should be this:

- You will have a dressing on your leg, and the DonJoy Iceman cold therapy unit will be under your dressings. The post op nurses will give instructions for use at the surgery before discharge.
- Leave the dressings on for the first few days, and let Physical Therapy remove the bandages. You should see Physical Therapy in 2 to 3 days after your surgery.
- The holes from the surgery will not be stitched so keep these clean and dry until they seal up. Do not put any Neosporin or any ointment on the incision. Change band-aids once a day or more if you need. When the band-aid comes off clean, you do not need any more band-aids.
- Initially, shower covering the knee with a bag, or saran wrap, keeping the holes dry.
• You may shower over the knee when the holes seal or close up. Do not get them soaked or immersed while they are still open.
• OK to walk with crutches to help assist, and can progress off crutches when you feel comfortable walking (Usually off by 3-5 days)
• Gentle range of motion exercises being sure to not ‘pressurize’ the joint while it is full of fluid after the surgery.
• There will be some yellow surgical prep on your leg. This only comes off with gentle scrubbing/rubbing with liberal amounts of rubbing alcohol.
• See Physical therapy in 2 to 3 days post operatively.
• If you had a Ligament reconstruction, you have a brace on your leg. It is OK to loosen the brace or loosen the ace wrap over the dressings if you feel pressure because of this. Use the brace while up and walking to help protect the leg. Your brace will be locked out straight, and will be opened up to more motion after the first P.T. visit.

Medicines after surgery:

For Arthroscopic procedures, you will have
  • Lortab
  • Ibuprofen for post op pain medicine.
  • If you had a lateral release, then you will probably also have an antibiotic as well.

For ACL reconstructions you will have
  • Oxycontin a pain medicine every 12 hours
  • Oxyir a pain medicine to be used during the 12 hour period for any breakthrough pain
  • Ibuprofen
  • Keflex antibiotic
  • Phenergan anti-nausea (suppository) or Gel (to go on wrist)…(optional)

Recovery:

You should be able to go back to regular duty within a few weeks. You should be able to return to light duty with in a few days, if not sooner.
Sports will be discussed after your first visit.

Return to the office for follow up:

You should return in approximately 2 weeks for any Arthroscopic procedure that did not have an incision or stitches. If you had a ligament reconstruction, or anything else that required stitches, then we would like you to return in 8 to 11 days depending on the day you had surgery.

Any questions, please call the office at 631-1600

Dr. Ken Jansson
Jamie Ralph PA-C
Mai Nguyen PA-C