

Patient Name: [Patient First and Last Name]

Date of Surgery: [Date]

Procedure: Arthroscopic Knee Surgery ([Left/Right] Knee)

Surgeon: [Surgeon Name]

1. Wound Care

Keep the surgical dressing clean and dry for the first 48 hours. You may remove the outer bandage after [Number] days. Do not remove the small adhesive strips (Steri-Strips) directly over the incisions. Do not submerge the knee in water (baths, pools, or hot tubs) until cleared by your doctor.

2. Activity and Weight Bearing

Your weight-bearing status is: **[Full Weight Bearing / Partial Weight Bearing / Non-Weight Bearing]**.

Use your [Crutches/Walker/Brace] as instructed. Elevate your leg above the level of your heart as much as possible for the first 3 to 5 days to reduce swelling.

3. Pain Management

Apply ice to the knee for 20 minutes every 2 hours while awake for the first 48-72 hours. Take prescribed pain medications as directed. Do not wait for the pain to become severe before taking medication.

4. Exercises

Perform the following exercises [Number] times per day:

- Ankle Pumps (flexing feet up and down)
- Quad Sets (tightening the thigh muscle)
- Straight Leg Raises

5. Warning Signs

Contact the clinic or seek emergency care immediately if you experience:

- Fever over 101.5F (38.6C)
- Excessive redness, warmth, or drainage at the incision site
- Sudden calf pain or significant swelling in the lower leg

- Shortness of breath or chest pain
- Uncontrolled pain despite taking medication

6. Follow-Up Appointment

Your follow-up appointment is scheduled for: **[Date and Time]** at **[Location]**.

Clinic Contact Number: [Phone Number]