

Lateral Release - Postoperative Care

INTRODUCTION

This brochure provides guidelines of how to care for your knee after an arthroscopic lateral release.

YOUR OPERATION

You have had an arthroscopic lateral release. This procedure involves releasing the tight soft tissues on the outside (lateral side) of your knee to help the kneecap track properly. This is done using a telescope (arthroscope) through small punctures at the front of your knee.

Local anaesthetic has been injected into your knee. When this wears off, your knee may become more painful. It will almost certainly swell. Therefore, the day after surgery may be more uncomfortable than the day of surgery. It is better to use painkillers when the pain is starting, rather to wait until it has already built up.

As a general principle, it is best to start with paracetamol. If this is not enough you will have been prescribed something stronger. You may also have been prescribed anti-inflammatory tablets to help with pain relief in the first few days after surgery.

DRESSINGS

The small puncture wounds are held together by small tapes (SteriStrips). They are covered by waterproof plastic patches, so you can shower directly onto the knee. The dressings can be completely removed after 10 days. The cuts can be left open if healed, or covered with a bandaid if still open.

Covering the knee is a compression stocking and gauze. The gauze can be removed the day after the operation but the compression stocking should be worn during the day until your swelling reduces (usually about 2-4 weeks).

SWELLING

Your knee usually becomes quite swollen. It can take 6-8 weeks for the swelling to settle. There may be some associated bruising. You should try to control your swelling by doing the following:

- **REST:** During the first 2-3 days you should rest with your leg elevated as much as possible. You can then gradually increase your activity, guided by your pain and swelling.

- **ICE:** For the first week you should try to ice your knee 3 times a day for 20 minutes. After this time ice the knee following exercise and at the end of the day until your swelling reduces (usually about 2-4 weeks).
- **COMPRESSION:** Wear the compression stocking during the day and night for the first 2 weeks to help minimise the swelling. After this the compression stocking should be worn during the day until your swelling reduces (usually about 8 weeks). An increase in pain and swelling at about four or five days following surgery is not uncommon. Ice, compression and elevation will all help reduce your symptoms.
- **ELEVATION**

CRUTCHES

You can place as much weight on the leg as comfortable with the help of crutches for the first 2-5 days following surgery.

THE PATTERN OF WALKING IS:

- "Crutches, bad leg, good leg"

TO MANAGE STEPS WITH CRUTCHES:

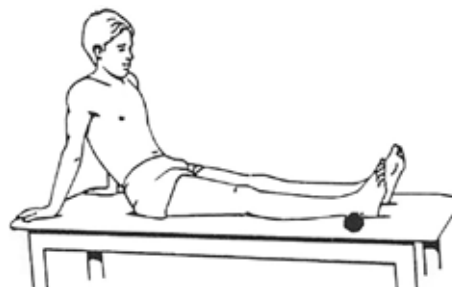
- **UP:** good leg, bad leg, crutches
- **DOWN:** crutches, bad leg, good leg

EXERCISES

Begin this exercise program the day after your operation and continue it for the first two weeks.

1) KNEE LOCKING USING THE QUADRICEPS

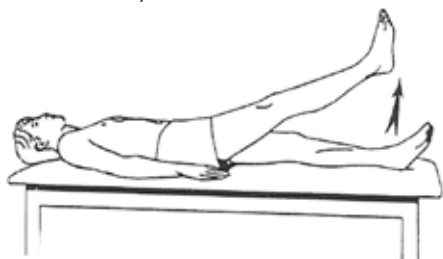
With a rolled towel under your heel, tighten the muscle at the front of your thigh and push your knee into the bed. Hold for 5 seconds and relax. Repeat 10-20 times, 2-3 times a day.





2) STRAIGHT LEG RAISES

Lying flat, lock your knee straight and then lift the whole leg about 30cm off the bed. Hold for 3 seconds and relax. Repeat 10-20 times, 2-3 times a day.



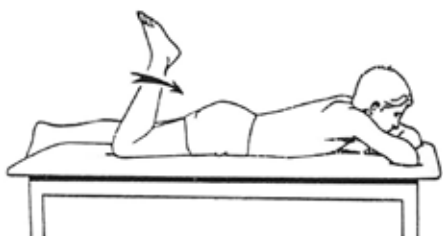
3) KNEE BENDING

Slide your heel up towards your bottom as far as comfortable. Hold 3 seconds. Repeat 10 times, 2-3 times a day. Gradually regain your full movement.



4) KNEE BENDING ON YOUR STOMACH

Begin this exercise about 3 days after your operation. Lie on your stomach and bend your knee as far as comfortable. Hold for 3 seconds and relax. Repeat 10 times, 2-3 times a day.



RETURN TO ACTIVITIES

Driving	1-2 weeks
Exercise bike	2-3 weeks
Swimming	2-4 week
Walking (more than 2 km)	4-6 weeks
Gym	4-6 weeks
Running	3 months
Sport	3-4 months

TIME OFF WORK

Sedentary	1 week
Manual	4-6 weeks

These times are guidelines only and may vary depending on your surgery.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.

