DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Instructions

Arthroscopic-Assisted Knee Subchondroplasty

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

Activity, Brace & Weight-Bearing

- For the first 3 weeks, you may put weight on the operated leg as tolerated, with your knee brace locked completely straight (0°). Use crutches or a walker for comfort and safety.
- Keep the brace locked straight whenever standing, walking, or transferring. Your therapist will show you how to check the lock and adjust the fit.
- You may unlock or remove the brace for supported exercises and hygiene. Bend the knee only from 0° to 90° during the first 3 weeks. Relock the brace before standing.
- After 3 weeks, your therapist will help you gradually stop using the brace and crutches when the knee does not buckle and you can walk without a limp. Gradually increase bending beyond 90°. Begin a stationary bike, shallow squats, step-ups, and balance exercises as tolerated under your therapist's guidance.
- Avoid running, jumping, twisting, strenuous activity, and heavy lifting until cleared. Begin physical therapy as directed; do not advance through sharp pain or increasing swelling.

Wound and Dressing Care

- Keep dressings clean and dry. Remove bandages on postoperative day 3 unless you received different instructions.
- Leave Steri-Strips or surgical glue in place until they fall off naturally. Check daily for increasing redness, drainage, wound separation, or foul odor.
- You may shower with the dressings covered and dry. After removal, let soap and water run over the incisions; do not scrub. Gently pat dry and use a shower seat for safety.
- Do not soak in a bath, pool, or hot tub for at least 3 weeks and until the incisions are fully healed and Dr. Yao clears you.

Pain Management

Some pain, swelling, and stiffness are normal after surgery. The goal is to keep you comfortable, not completely pain-free. Your specific prescriptions will be reviewed at discharge. Follow the prescribed medication plan:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, it may wear off over the following 8-24 hours. Follow your discharge pain-medication instructions rather than waiting for severe pain. Taking medication with food may reduce nausea.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

Swelling, Elevation & Ice

- Elevate the leg when resting, supporting the heel and calf so the knee can stay straight. Do not rest with a pillow only under the knee for prolonged periods.
- Use ice packs for 20 minutes at a time, several times daily, with a cloth barrier. Follow the device instructions if using a cold therapy unit.
- Perform ankle pumps throughout the day. Bruising around the knee and down the leg can occur and should gradually improve.

Diet & Hydration

- Resume your regular diet as tolerated; start with light meals if nauseated. Include protein and drink fluids unless otherwise restricted.
- Do not smoke, vape, or use tobacco during recovery; these can interfere with healing.

When to Call

Call 718-208-1440 for fever over 101.5°F (38.6°C), increasing wound redness or drainage, uncontrolled pain, persistent vomiting, new numbness or weakness, or new calf pain or significant leg swelling.

Call 911 or go to the emergency room for chest pain, shortness of breath, uncontrolled bleeding, or another emergency.

Home Exercises

Perform gently, 10 repetitions each, 3-4 sessions per day unless your therapist directs otherwise. Keep motion within 0-90° for the first 3 weeks. Stop for a significant increase in pain or swelling.



Quad Sets: With the leg straight and supported, tighten the thigh muscle and gently press the back of the knee downward. Hold 3-5 seconds, then relax.



Heel Slides: While lying down, unlock or remove the brace and slowly slide your heel toward your body. Do not bend past 90° during the first 3 weeks. Slide back out straight; relock the brace before standing.



Passive Knee Extension: Support your heel on a pillow or rolled towel and let the knee gently straighten. Do not force it or add weights.



Ankle Pumps: Move the foot up and down at the ankle throughout the day to encourage circulation.

Straight-Leg Raises:
Only if instructed and able to keep the knee straight: lock the brace in extension, tighten the thigh, lift the leg gently, then lower slowly. Stop if the knee bends or this increases pain.

Follow-Up

Call 718-208-1440 to schedule your postoperative visit 8-14 days after surgery. Bring questions about your brace, wound, medications, and PT. If another procedure was performed with subchondroplasty, follow any additional restrictions from Dr. Yao.