## Post-Operative Instructions for Knee Denervation

* Activity
	+ Keep activities limited to only your “needs” and not your “wants” for 3 weeks
		- Needs- bathroom, kitchen, changing seats, daily needs. **NOT**- walking around mall, “exercise”, laundry, mowing grass- let someone else do it
	+ Avoid deep knee bends for 4 weeks
	+ Slowly increase weight bearing as tolerated using walker, crutches, or cane
	+ Walking is a good exercise post-operatively, use good judgment and try not to exert yourself avoiding fatigue and severe pain.
	+ Start with short walks, stop before you regret it, but continue to work a little more each day
	+ Remember – “be the tortoise not the hare” – “slow and steady wins the race”
	+ Make effort to keep the extremity elevated when possible- for approx. 3 weeks
	+ May gently use elliptical or exercise bike- 2 weeks after surgery
	+ Water walking is a great self-directed physical therapy. Find a pool 2 weeks after surgery. Walk laps around the pool; slowly increase the number of laps
	+ STOP IMMEDIATELY IF INCISION BEGINS TO COME APART
		- Or if you are concerned about the appearance of incision
* Wound Care
	+ May take shower
		- Make sure to keep any cotton dressing dry, if incisions are already covered in plastic dressings there is no need to cover when showering
	+ Once bulky dressing is off clean the incision with soap and water (only for stitches)
		- If incision is glued shut do not wash with soap and water
		- Hibiclens and Hex-A-Clens (can find at local pharmacy)- **Don’t use a washcloth**
* Pat the incision dry, do **not** rub (for sutures and glue)
* For incisions that have stitches apply betadine 2x a day
* If your incision was covered with skin glue, do **not** attempt to scrape it off for 2 weeks
* Apply an ice pack to help with swelling or discomfort for no longer than 45 min at a time, insert a thin layer of cloth between skin and ice
	+ Cooling devices are fine to use. Make sure to have a layer of cloth between skin and device
* Anti-Inflammatories (motrin, advil, aleve) may be used as tolerated
* If swelling occurs apply an ACE bandage, wrap from the toes up
* Your incision should look better every day. If it looks red, inflamed, or starts to hurt more and more- NOTIFY IMMEDIATELY
* Driving
	+ As Passenger:
		- If possible keep extremity elevated – it may be easiest to sit in the back seat
		- If going on long trips allow for stops every 2 hrs to walk around car
	+ As Driver:
		- Consult Dr. Williams about driving while on pain medications
		- Can drive (non-stick shift) after 1 week if procedure was performed on the left leg
		- If procedure was performed on the right leg, can drive when able to slam the brake pedal. Ask yourself if you can save a child if they jump out in front of your car. It’s not about how fast you can drive, rather how fast you can stop.
* Follow-Up Visits
	+ 1 week post-op visit to remove dressing
	+ 2 week post-op visit to remove visible stitches
	+ If no visible stitches- follow up 4-6 weeks
* If you are not progressing appropriately and would like to try formal physical therapy, please contact us