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**Dr. Stark’s Knee Arthroscopy and ACL Discharge Instructions**

1. **DUE TO ANESTHESIA, FOR THE NEXT 24 HOURS:** NO DRIVING, NO ALCOHOL, NO SIGNING LEGAL DOCUMENTS, DO NOT MAKE ANY IMPORTANT DECISIONS; DO NOT OPERATE ANY POTENTIALLY DANGEROUS EQUIPMENT.
2. DIET: Resume normal diet gradually. We recommend you start out with liquids and soft foods and progress to your normal diet as tolerated. Avoid greasy, spicy food today.
3. PAIN CONTROL:
  - a. Use prescribed pain medication as ordered. Eat prior to taking pain medication; to avoid constipation, drink plenty of liquids and take a stool softener or fiber product. You may use Tylenol or Ibuprofen for LESS severe pain.
  - b. **\*\* Take 81 mg aspirin by mouth twice a day (morning and night for 7 days per Dr. Stark’s instructions to prevent a blood clot).**
4. ACTIVITY:
  - a. CPM: If a CPM machine is ordered, set at 0-45 degrees to start; advance as tolerated. Use CPM 6 hours per day (does not have to be continuous).
  - b. **Weight bearing status after surgery: FULL (you may bear all your weight on your leg) WITH BRACE LOCKED IN EXTENSION.**
5. TO AID HEALING AND COMFORT:
  - a. Ice to Surgical Site 20-30 minutes per hour as needed for pain and swelling.
  - b. Use Crutches as needed.
  - c. Elevate surgical limb above level of your heart with a couple of pillows.
6. SURGICAL SITE CARE:
  - a. Do not shower for 3 days
  - b. Shower in 3 days with dressing in place. Remove and discard bandages, dry incisions, and cover incisions with band-aids.
  - c. Do not submerge wound site in bath, pool or Jacuzzi. No swimming.
7. FOLLOW –UP:
  - a. With Dr. Stark in 7-10 days. Call for appt 760-724-9000
8. Have a responsible adult remain with you after discharge for 24 hours.

PRECAUTIONS: Call Dr. Stark (760-724-9000) promptly in case of:

1. Persistent Bleeding
2. Chills or fever over 101 degrees
3. Nausea or Vomiting lasting more than 24 hours
4. Pus draining from surgical site
5. Pain unrelieved by pain medication
6. FOR DIFFICULTY BREATHING, CALL 911.

I understand these instructions and have received a copy of them:

Responsible Party \_\_\_\_\_ Date/Time \_\_\_\_\_

RN \_\_\_\_\_ Date/Time \_\_\_\_\_ Dr. Stark Signature \_\_\_\_\_ Date/Time \_\_\_\_\_