

Knee Arthroscopy

Meniscectomy / Synovectomy

Postoperative Guidelines

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.).
- Progress to your normal diet if you are not experiencing nausea.

WOUND CARE

- Please keep the ACE wrap on for the first 2-3 days, you may remove the ACE wrap for ice therapy.
- Underneath the ACE wrap are waterproof bandages, please keep these in place until your first post-op appointment with Dr. Ahsan.
- Under the waterproof bandages is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable stitches to close the incision.
 - Please do not touch the Dermabond or place any ointments lotions or creams directly over the incisions.
- You may shower after removing the ACE wrap by placing Saran wrap around the leg and covering the bandages.
- NO soaking of the operative leg (ie: bath or pool) is allowed until 6 weeks after surgery.

CRUTCHES

- Crutches are to aid your progression to walking.
- You may discontinue the crutches as soon as you are comfortable with full weight on the leg (usually 1-3 days). Your physical therapist may guide you with this process.

PAIN MANAGEMENT

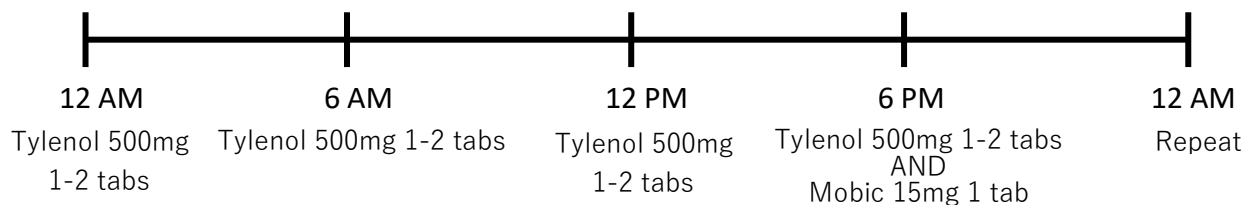
- Local numbing medications are injected into the wound around the knee at the time of surgery. These will wear off within 8-12 hours and it is not uncommon for you to encounter more pain on the first or second day after surgery when swelling peaks.
- **Do not drive a car or operate machinery while taking the narcotic medication.**
- Please avoid alcohol use while taking the narcotic pain medication.

Extra-Strength Tylenol (Acetaminophen) 500mg Tablets *(available over the counter)*

- Indication: pain, non-narcotic pain reliever
- Use: Take 1-2 tablets every 6 hours. Do not exceed 8 tablets in a 24-hour period.

Mobic (Meloxicam) 15mg Tablets *(Prescription sent to pharmacy)*

- Indication: pain and anti-inflammatory, non-narcotic pain reliever
- Use: Take 1 tablets daily with meals for the first 14 days after surgery.
- Side Effects: upset stomach, acid reflux. If this occurs, stop the medication.



NARCOTIC PAIN MEDICATION

Tramadol is a prescription pain medication that should only be used if adequate pain control is not achieved with combination of ice, extra-strength Tylenol and Aleve as outlined above. Side effects include constipation, nausea, drowsiness, dry mouth, itchiness. Use a 0-10 pain scale to decide how much medication to take:

- Pain 0-4/10: No tramadol necessary
- Pain 5-7/10: Take one tablet
- Pain 8-10/10: Take two tablets

Tramadol 50mg tablet

- Indication: pain 5/10 or greater. Narcotic pain medication.
- Use: 1-2 tabs every 4-6 hours as needed for pain. Do not exceed more than 10 tabs in any 24-hour time period unless otherwise directed.

MEDICATIONS TO MANAGE SIDE EFFECTS

Narcotics may cause nausea and constipation. Bowel regimen is recommended.

Colace (Docusate) 100 mg - available OTC

- Indication: constipation, stool softener. Take consistently while on narcotics.
- Use: Take 1 pill three times per day while you are taking narcotics.

Senokot (Senna) 8.6 mg - available OTC

- Indication: constipation, stool laxative. Take consistently while on narcotics.
- Use: Take 2 pills at bedtime. Increase to 2 pills twice daily if no bowel movement by post-surgery day two.

Zofran (Ondansetron ODT) 4 mg - Prescription sent to pharmacy

- Indication: nausea. Take as needed.
- Use: Take 1 pill AS NEEDED every 8 hours, do not exceed 3 pills in 24 hours

ACTIVITY

- Raise the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Use crutches to assist with walking for the first 24-48 hours
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 2 weeks following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- You may return to sedentary work or school 1-2 days after surgery if feeling well.
- You will not be needing a knee brace

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs / bags for 30-45 minutes every 2 hours daily until there is no swelling and pain is relieved – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

EXERCISES

- Begin exercises 24 hours after surgery, including knee extension, quad sets, straight leg raises, and active flexion / extension unless otherwise instructed. (Please see handout)
- Discomfort and knee stiffness are normal for a few days following surgery. It is safe to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins as soon as possible, ideally 1-3 days after surgery. A prescription and protocol will be provided prior to surgery.

EMERGENCIES**

Contact Dr. Ahsan's Team via **MyChart** or **630-646-7000** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal).
- Unrelenting pain.
- Fever (over 101° – it is normal to have a low-grade fever for the first day or two following surgery) or chills.
- Redness around incisions.
- Color change in foot or ankle.
- Continuous drainage or bleeding from incision (a small amount of drainage is expected).
- Difficulty breathing.
- Excessive nausea/vomiting
- Severe calf pain.
- If you have an emergency after office hours or on the weekend, contact the office at 630-646-7000 and you will be connected to our pager service. This will connect you with the Physician on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Your first post-operative appointment will be 1 week following surgery for wound evaluation and to answer any questions you have regarding the procedure.
- Typically, the first physical therapy appointment is made for 1-3 days following surgery. This prescription will be communicated prior to surgery.
- If you have any further questions, please contact Dr. Ahsan's team directly.

Frequently Asked Questions: Meniscus Surgery

What is a meniscus?

The meniscus is a fibrocartilage cushion that helps to distribute weight between the two bones of the knee (femur and tibia). It is an avascular (lacking blood supply) structure that has a very poor capacity for repair. The meniscus helps to prevent knee arthritis by performing this cushioning function.

What is a meniscus tear?

It is very common for the meniscus to tear or to separate from its normal attachment on the knee joint capsule. Unfortunately, once a meniscus tears, the resultant tears do not heal. Put simply, the meniscus tears rarely can heal once they occur because there is a very poor blood supply. As such, most meniscus tears will not heal, and this is why many affected patients will opt for a surgical solution.

What is Synovectomy?

Commonly, in the setting of a meniscus tear, the knee develops inflammation and synovitis which is removed / cleaned at the time of knee arthroscopy. This step aids in improvement of pain.

Why do you remove meniscus as opposed to fixing it?

Again, the meniscus is largely avascular. And even though I am able to suture most types of tears of the meniscus, there is no expected healing response because there is no blood supply in the area. The healing of soft tissues in our bodies requires that there be a rich blood supply that supports the carriage of healing molecules to the site of injury. No blood supply means that most meniscus tears will not heal, even if sutures are used to “fix” the noted area of tearing. I will determine at the time of surgery if your meniscus is repairable. The primary goal is to preserve as much meniscus tissue as possible while treating your meniscus problem.

How much meniscus do you remove?

Typically, I will remove as little meniscus as possible that will treat the problem. Usually this means that patients who undergo a partial meniscectomy will still have around 80% of their meniscus once the surgery is complete. Some types of tears will require a more extensive resection, but fortunately this is very rare.

What happens if you can actually fix the meniscus?

Fixing the meniscus requires that sutures are placed to hold the torn meniscus area together. This, in turn, requires that the knee be partially immobilized immediately after surgery. You will need to wear a brace for about three weeks following a repair, and use crutches for the first 2 weeks. Although this extends the rehab duration a bit, the meniscus volume is preserved.

How long do I need to do PT for a meniscus surgery?

Approximately 4-6 weeks for a partial meniscectomy (removal).
Approximately 12-16 weeks for meniscal repair.