

Knee Arthroscopy – Meniscus Repair

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.

POST OPERATIVE BRACE

- A hinged knee brace is to be worn for 4 weeks after surgery.
- Please sleep with this brace on. For the first week, after that just wear the brace during the day.
- Okay to remove ACE wrap for ice therapy, but try to maintain compression during the first 2 weeks.
- The brace can be removed for physical therapy and ICE application.

CRUTCHES

Week 1: Toe-touch weight-bearing with 2 crutches (Brace to be worn at all times)
Approximately 20 lbs - lightly resting the foot on the floor.

Week 2-4: Full weight (wearing the brace locked in extension) as tolerated.

Wean to 1 crutch during the 4th week, then discontinue crutches or transition to a cane.

You may discontinue the crutches during the fourth week when you are comfortable with full weight on the leg. Your physical therapist may guide you with this process.

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.

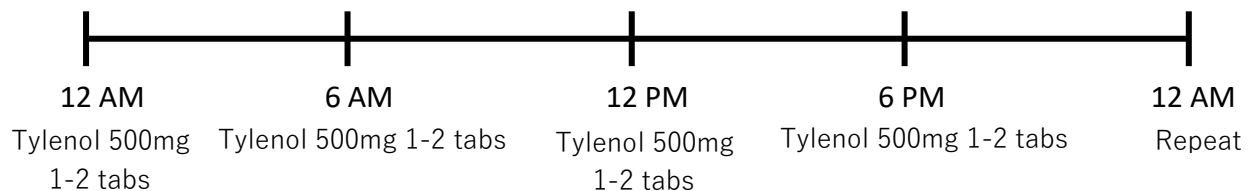
PAIN MANAGEMENT

- 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.
- Avoid NSAIDs (Aleve, Advil, Mobic) as they may slow down the healing process.**

NON-NARCOTIC PAIN MEDICATIONS

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.



NARCOTIC PAIN MEDICATIONS

OPIOIDS/NARCOTICS are prescription pain medications. One of the following medications will be prescribed and should only be used if adequate pain control is not achieved with combination of ice, Aleve, and extra-strength Tylenol 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 narcotics necessary

Pain 5-7/10: Take one tablet

Pain 8-10/10: Take two tablets

Tramadol (Ultram) 50mg tablet

- Indication: pain 5/10 or greater. Non-opioid *narcotic like* medication
- Use: 1-2 tabs every 6 hours as needed for pain. Do not take more than 8 tablets in any 24-hour time period.

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 / walker for assistance.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 6 weeks following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 6 weeks.
- NO driving until instructed otherwise by physician.
- You may return to sedentary work or school 2-3 days after surgery if feeling well.

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 (Okay to Remove Brace)

- 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.