



Postoperative Instructions For Knee Arthroscopy, Torn Meniscus

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PAIN:

- You will be sent home from the surgery center with prescriptions for pain medication.
- Take the pain medication as prescribed.
- After the first few days, as the pain lessens, you may decrease the frequency with which you take the medication and taper off as you feel comfortable, but keep in mind that many people have an increase in pain around day 3 or 4 after surgery.
- Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.
- It is also helpful to use ice, as well as to elevate your leg to decrease pain and swelling.
- Elevation should be achieved by placing pillows under the heel or calf—not under the knee—in order to keep your leg straight.
- If these measures are not adequately controlling your pain, please call our office.

MEDICATIONS:

- Most pain medications need a handwritten prescription for refills and cannot be obtained after hours or on the weekends. Please plan accordingly.
- Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this.

DRESSINGS:

- You will have a soft dressing applied over your incisions.
- It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection.
- Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery.
- The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

BATHING:

- You may remove your dressing 48 hours after your surgery to take a shower.
- You may have steri-strips over your incisions (small white strips of tape). If so, leave them in place until they fall off on their own or until they are removed at your first post-op appointment.
- You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then cover each of the incisions with a band-aid or gauze and an ace wrap (for the first few days or as needed).
- You may not soak in a bathtub or go swimming until your sutures have been removed and your incisions are well healed.

DRIVING:

- You may not drive while you are taking pain medications.
- Once you have discontinued the pain medications, your doctor will let you know when it is safe to drive, depending on your specific procedure.

WHEN TO CALL:

- Please call if you develop a fever greater than 102°F, increasing pain that is not responding to pain medication, redness, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood.
- For any concerns, call our office at 952-442-2163.
- After hours, the answering service will contact the physician on call.

AFTER SURGERY:

- You may put as much weight on your operative leg as you can tolerate, unless you have been told otherwise. When you are resuming your activity, remember to walk slowly and focus on walking “heel-toe”, placing your heel on the ground as the first phase of your step rather than limping by walking on your toes. It is important that you try to walk without limping, even if that means smaller, shorter, slower steps.
- It is common to feel or hear clicking or popping in your knee. It is common for your knee to be swollen, and your foot and ankle may be swollen as well due to gravity. The fluid in your knee often remains there for at least 4-6 weeks after surgery until your body can reabsorb it. This fluid will make your knee feel tight or stiff, especially with deep knee bending or squatting.
- Your weight bearing status depends on your procedure. If your torn meniscus was trimmed/removed (called a partial meniscectomy, which is much more common), you may do all the above exercises and progress your range of motion and activity slowly. If your torn meniscus was repaired with suture, you will be wearing a knee immobilizer to keep your knee straight. You should keep the knee straight in the immobilizer anytime

you are putting your weight on your leg, but may bend your knee up to 90 degrees when you are not putting any weight on your leg.

7-10 DAYS POST-OP:

- You will have your first office visit.
- If you have non-absorbable sutures, they will be removed at this visit.
- You will review surgical pictures and be given the opportunity to ask questions.
- Limit kneeling and squatting if possible while your knee heals.
- Continue to work on the home exercises you were given after surgery.
- Depending on your progress, this visit will determine whether or not you should proceed with formal physical therapy versus just doing your home exercises.

4-6 WEEKS POST-OP:

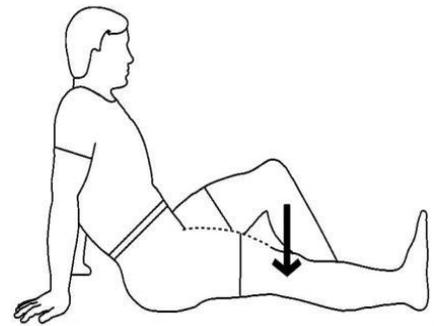
- You will have another office visit.
- It is normal to have some degree of pain and swelling at least this long after surgery.
- If things have progressed as expected, you will likely be able to resume all activities as tolerated.
- Sometimes, if you are still having some soreness or difficulty resuming activities at this time, we may discuss the option of cortisone injection or viscosupplementation (which is a gel-like joint fluid replacement injection).

POSTOPERATIVE HOME EXERCISES:

You may begin these exercises by postoperative day 2-3, but back off if you are having increased pain after doing the exercises. If you are told to be nonweightbearing or to avoid bending your knee, then disregard the exercises below which would violate such restrictions.

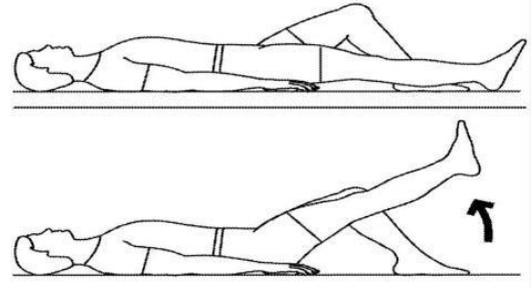
1. Quad Sets

- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.
- Hold exercise for 4 Seconds. Rest 3 Seconds between sets.
- Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day.



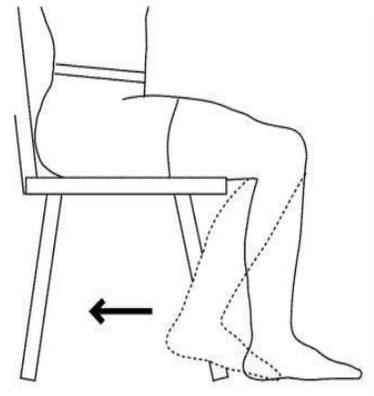
2. Straight Leg Raises

- Lie on back with uninjured knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.
- Hold exercise for 4 Seconds. Rest 3 Seconds between sets.
- Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day.



3. Knee Flexion

- Sit in chair, moving heel of involved leg under chair, until you feel a stretch (you will not be able to get full motion due to the swelling in your knee).
- Return to starting position.
- Hold exercise for 4 Seconds. Rest 3 Seconds between sets.
- Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day.
- Do not do this exercise if you had a meniscus repair (your meniscus was repaired with sutures and you are in a knee immobilizer and told not to bend your knee at all)! You may continue this exercise if you simply had a torn meniscus trimmed or removed (more common).



4. Calf Raises

- Stand, using chair for balance.
- Raise up on toes, through full range.
- Return to start position and repeat.
- Hold exercise for 4 Seconds. Rest 3 Seconds between sets.
- Perform 3 sets of 10 repetitions, starting once a day and working up to three times a day.

