
Knee Arthroscopy with Partial Meniscectomy

Arthroscopy (scope) is a minimally invasive surgical procedure orthopedic surgeons use to visualize, diagnose and treat problems inside of a joint. The amount of work done inside of the joint does not correlate with the size of the incisions. Most arthroscopic procedures are same day procedures.

The information presented in this handout is only a general outline of what to expect following a knee arthroscopy with partial meniscectomy. Each patient's arthroscopic procedure is unique. Healing is different from patient to patient and from procedure to procedure. Therefore, recovery time will reflect that individuality. Because of this, your progress may deviate from the following guidelines. Please discuss any details or special circumstances with Dr. Barry or his staff.

General Information

Prior to Surgery

- See your primary care provider for your preoperative history and physical **within 30 days** of surgery. He or she will complete a full health assessment and identify any problems that could interfere with your surgery. You will also be informed of which medications should be taken in the perioperative period and which medications should not.
- Discontinue aspirin 7-10 days prior to surgery. Discontinue NSAIDs 5-7 days prior to surgery.
- The hospital or surgery center will contact you prior to your surgery to discuss specific details. You will likely be asked to arrive one or two hours prior to your scheduled surgical time.
- Do not eat or drink **anything** after midnight the night before your surgery. If you have medication that your primary care provider instructed you to take the morning of surgery, you may take it with a small sip of water.
- Arrange a ride home following surgery. You will also need to arrange for 24 hour assistance postoperatively, possibly longer depending on your needs.
- Type of anesthesia will be decided the morning of surgery. This decision will be made between you and your anesthesiologist.

General Considerations

- You will be weight bearing as tolerated following surgery. Crutches will be given to you on your day of surgery to assist with ambulation as needed.
- Work restrictions following surgery are generally minimal and sometimes not needed at all. This will be assessed based on your individual work requirements.
- You may drive when you feel comfortable and are no longer taking narcotic pain medications.
- Following your surgery, you should make an appointment at 2 weeks postoperative.

First Two Weeks

General Recommendations

- Apply an ice pack in 20-30 minute intervals as you can for the first 48 hours then as needed. This will help reduce pain and swelling.
- Elevate your surgical extremity at or above heart level for the first 48 hours to help alleviate swelling.
- You may discontinue using your crutches as you feel comfortable. Begin by ambulating around the house without crutches, but still taking them with you while in public. Once you feel comfortable to be without them in public, discontinue using them altogether.
- Concentrate on getting your knee range of motion back as you can tolerate.

Pain Control

- You will be given a narcotic for pain control following surgery if needed.
- You may take anti-inflammatory medications in addition to narcotic pain medication if needed. These include ibuprofen, Advil, naproxen, and Aleve.
- Avoid taking extra Tylenol (acetaminophen) while you are taking your narcotic pain medication. Most narcotic pain medications already contain acetaminophen (APAP). This will be listed on the bottle.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.

Wound Care

- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- You may shower and begin dressing changes 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- When showering, cover your incisions with a waterproof bandage. Do not allow your incisions to get wet as this could introduce bacteria into your knee and impede the healing process.
- Leave all sutures in place. They will be removed at your first postoperative appointment.

Signs of Infection

- All efforts are made perioperatively to prevent infection. These include antibacterial wipes prior to surgery, skin scrubs in the operating room, sterile technique during surgery, and antibiotics before the procedure. Despite this, infections can still occur.
- Below is a list of signs and symptoms that may represent infection. Please call the clinic immediately at (763) 786-9543 if you have any concerns.
 - Increasing redness, warmth or swelling around incision
 - Cloudy or pus-like drainage coming from the incision
 - Pain that is not controlled by your postoperative pain medications
 - Fever greater than 101°F that may or may not be accompanied by chills
 - Persistent nausea and vomiting
 - Bleeding which saturates your dressing (spotting of dressing is expected)
 - Change in skin color, temperature and/or numbness in surgical extremity

Signs of Blood Clot

- After surgery, you are at higher risk of a developing a blood clot. Below is a list of signs and symptoms that may represent a blood clot. Please call the clinic immediately at (763) 786.9543 if you have any concerns.
 - Increasing pain and tenderness in your calf
 - Redness and/or warmth in your calf
 - Worsening leg pain when pointing toes towards your head

Two Week Appointment

- Your sutures will be removed and your overall knee appearance will be assessed.
- Range of motion and strength will be evaluated to be sure you are on track with your individual recovery process.
- Prescription refills and work restrictions will be addressed if needed.
- Bring your operative pictures to this appointment to further discuss if you desire.
- No further follow up appointments indicated unless pain or lack of knee range of motion persists.
- You may advance with activities as you can tolerate.