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Arthroscopic Meniscal Repair Post-Operative Instructions

ACTIVITY

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Ice** or the **cryo-cuff** can be used as much as possible for the first 3-4 weeks to help decrease swelling. [please see "medication" section for more information on icing]
- Driving is contraindicated when taking narcotic pain medication.
- Return to (sedentary) work or school 3-4 days after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.
- Crutches and the knee brace locked in full extension should be used during the first six weeks after surgery to protect the meniscal repair. You will be instructed when to formally discontinue them.
- Your brace should be locked (straight) in extension while standing or walking. The immobilizer must also be worn while sleeping at night.
 - You may bear full weight on the operative knee with your knee brace locked in
 - full extension.
 - You will be **toe-touch weight bearing**, ambulating with the assistance of crutches
 - at all times, and with your knee brace locked in full extension **for the first 6 weeks.**
- You may remove the brace while sitting or lying down to range the knee from _____ . **DO NOT BEND THE KNEE GREATER THAN** _____ for the first 6 weeks following surgery.

DRESSINGS

- Remove the outer dressing and gauze wrap 48 hours after surgery. Leave the steri-strips (white tape adhesive strips) in place and let them fall off on their own. You may shower with these strips on. Let warm, soapy water run over the incisions, but do not vigorously scrub over any of the incision sites as they are still healing. You may also place band-aids over the incisions after you remove the dressing if you prefer them covered.

- Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait one month from surgery or until you are directed to do so. Showers as aforementioned are okay.
- Small amounts of bloody drainage, numbness at incision site, knee swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids.

MEDICATION

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1-2 tabs every 4-6 hours as needed for pain.
 - Norco – Please take 1-2 tabs every 4-6 hours as needed for pain.
- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first five days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis. If you have been prescribed Celebrex do not take other NSAIDs (i.e. Advil/Aleve) in combination with this.
 - **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- **ICE** – while you are resting use cryo-cuff or place cold ice packs on your knee for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.
- You may have been given a prescription for **enteric coated Aspirin 81 mg** which you should take twice daily with food to decrease the risk of post-operative blood clot formation.
- You have also been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. If you find that you are still constipated despite the Senokot medication, there are other over the counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.
- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

PHYSICAL THERAPY

- If you have not already scheduled your physical therapy appointments, please call 952-808-3000 to schedule. Make your first PT appointment within 3-5 days after surgery. Schedule out appointments 1-2x/week for 3-4 weeks in advance.
- A list of home exercises has been enclosed for you to do during your first week following surgery to help facilitate early knee range of motion and to prevent stiffness.

FOLLOW UP

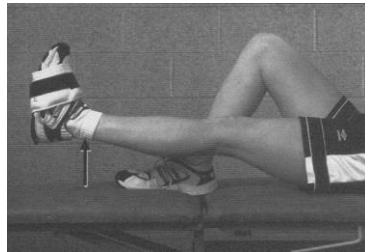
- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment for 10-14 days after your surgery.
- You will be seen by Dr. Murar's Physician Assistant – Katie Peterson. Your first post-operative visit will include a review of your intra-operative findings and to go over any questions you may have.
- Sutures will also be removed at that time if necessary.
- Call the office immediately if you develop a fever (>101.4), chills, excessive incision drainage, calf pain, or persisting leg numbness.
- If you have any other questions or concerns please feel free to call the office.

HOME KNEE EXERCISES (TO BE PERFORMED WITH BRACE)

Straight Leg Raise

With your leg straight, lift your heel 12 inches from the ground and slowly back down. No weight is needed on the foot during the first 2 weeks after surgery.

[3 sets of 15 reps as tolerated]



Isometric Quad Contractions

While lying on your stomach, place rolled up towel under ankle. Straighten knee against towel and hold for 15 seconds, stop, and then repeat.

[3 sets of 15 reps as tolerated]

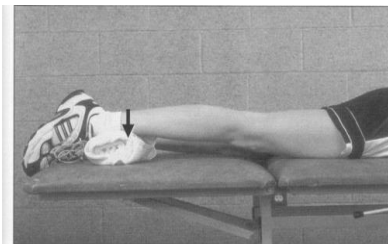


Figure 21.29 Quad set, prone.

Knee Flexion

1. Slide your foot toward your buttocks, bending your knee and keeping your heel on the floor (or the bed). Bend your knee until it feels tight/slight discomfort. Hold your knee in bent position for 5-10 seconds then straighten your leg.
2. While sitting in a chair, place your foot over the ankle of your operative leg and slowly pull back to assist the knee in bending. Hold your knee in bent position for 5-10 seconds then straighten your leg.
3. While sitting in a chair, bend you knee as far as you can until your foot rests on the floor. With your foot lightly resting on the floor, slide your upper body forward in the chair to increase your knee bend. Hold for 5-10 seconds then straighten your knee fully.

[2 sets of 10 reps as tolerated]

