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## Arthroscopic Meniscectomy 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.
- Pumping your ankle up and down can also help to promote circulation and 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]
- You may bear full weight on the operative knee as tolerated. You may use crutches/cane for support for the first 3-5 days and then gradually wean yourself off and walk normally.
- 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.

### 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**:

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- 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 your cryo-cuff or place cold ice packs on your shoulder 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

- No formal physical therapy will be initiated after surgery. If you are progressing slowly or having difficulties with ambulation this will be assessed at your post-operative appointment by Dr. Murar's physician assistant and a referral for physical therapy can be given to you at that time.

## 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

### Light Bending

Bend the knee slowly to your comfort level to try and maximize early motion. A stationary cycle may also be used to help facilitate early gentle motion.

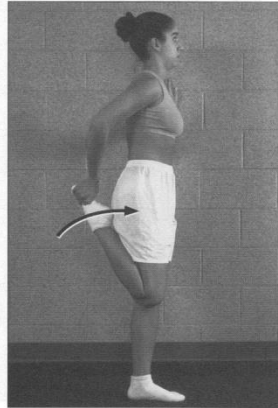


Figure 21.24 Knee flexion in standing.

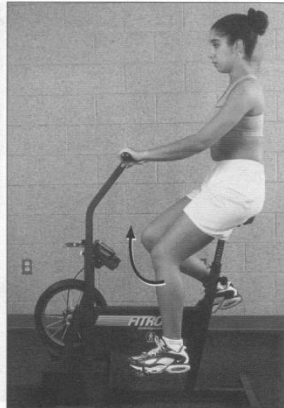


Figure 21.25 Range of motion on stationary bike.

### Light Leg Extension

Using your hands or a wall, slowly stretch and straighten your knee as much as tolerable.

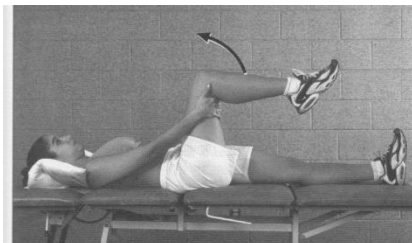


Figure 21.26 Hamstring stretch, supine.

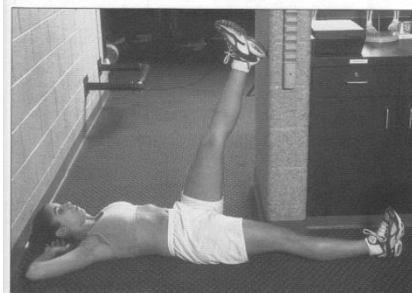
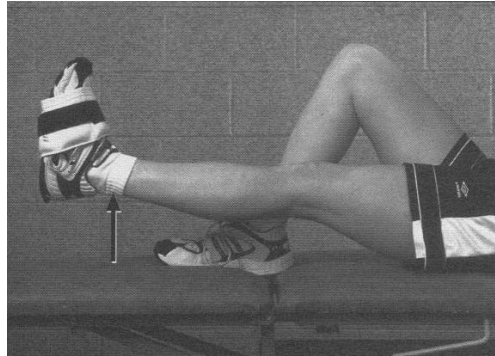


Figure 21.27 Hamstring stretch in doorway.

## 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]

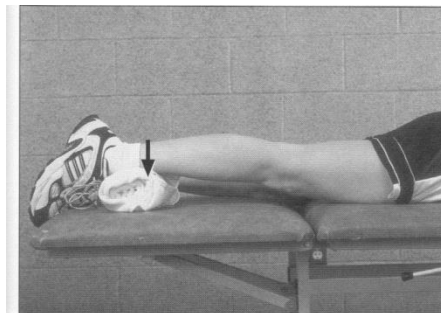


Figure 21.29 Quad set, prone.