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Knee Arthroscopy with Partial Meniscectomy

Arthroscopy: A minimally invasive surgical procedure orthopedic surgeons use to visualize, diagnose, and treat problems inside of a joint, often referred to as a scope. The amount of work done inside of the joint does not always 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 (knee scope) 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 of the patient. Because of this, your progress may deviate from the following guidelines. Please discuss any details or special circumstance with Dr. Cooper or his staff.

General Information:

Prior to surgery:

- You will need to schedule a pre-operative visit with your primary care provider within 30 days of your scheduled surgery. Your provider will complete a full health assessment and identify any problems that could interfere with your surgery. They will also notify you of which medications should be stopped prior to surgery and which medications you should continue to take.
- You will need to stop Aspirin 7-10 days prior to surgery and you will need to stop NSAIDS 5-7 days prior to surgery. Discuss this further with Dr. Cooper or his staff if questions.
- 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. **If you have not heard from the surgery facility by 2:00pm the day before your surgery, please contact the clinic ASAP.**
- The night prior to surgery and the morning of surgery, shower using the Hibiclens solution provided to you at the time you scheduled surgery.
- If you need any insurance or medical leave paperwork, it should be given to Dr. Cooper's care coordinator, Ali, prior to surgery. Paperwork will not be completed the day of the surgery.
- Do not eat or drink **anything** after midnight the night before your surgery. If you have a medication that your primary care provider instructed you to take the morning of the surgery, you may do so with a small sip of water.
- You will meet with the anesthesiologist in the pre-operative area to discuss the type of anesthesia to be performed.

- Arrange a ride home following surgery. You will not be allowed to take a taxi or Uber home from surgery. You will also need to arrange for at least 24 hours of assistance post-operatively as you recover from the surgery and the anesthesia.

General Considerations:

- You will be weight bearing as tolerated following surgery. Crutches will be given to you on the day of your surgery if needed to assist with ambulation.
- You may drive when:
 - You have good knee motion and control of your leg muscles.
 - You feel comfortable to operate a vehicle.
 - You are no longer taking any narcotic pain medication.
- Work restrictions following this surgery are generally minimal and sometimes not needed at all. This will be assessed based on your individual employer and job requirements.
- If you would like your family member or friend to get information about your surgery, it is recommended they stay at the surgical facility for the entire procedure to be available to talk with Dr. Cooper upon completion of the surgery.
- At the time that you schedule your surgery, you should schedule a follow-up appointment with Dr. Cooper for your 2 week and 6 week post-op visits.

Immediately after surgery:

General Recommendations:

- Apply an ice pack to the knee for 20 minutes out of every hour for the first 48 hours, then 2-3 times per day as needed. This will help reduce pain and swelling.
 - You will be provided with ice packs at the time of surgery, but there are other cryotherapy measures that can be purchased online or rented. If you are interested in other means of cryotherapy, please contact Dr. Cooper's care team.
- Elevate your surgical extremity at or above your heart during the first 48 hours, then as needed.
- You may discontinue your crutches as you feel comfortable. Begin by ambulating around the house without crutches, but still taking them with you for longer distances or while in public. Once you feel comfortable to be without them in public, discontinue using them altogether.
- Concentrate on getting full flexion and getting your knee fully straight. Physical therapy (PT) will begin 3-5 days after your surgery. Contact the TCO Eagan PT Department at (952) 456-7480 or the TCO Burnsville PT department at (952) 808-3000 for assistance with scheduling.
 - If you plan on attending PT elsewhere, please let us know. We will give you a copy of the order for you to bring to your first appointment.

Pain control:

- You will likely be given a narcotic medication for pain control for approximately 24-72 hours following surgery. Please inform the team if you do not tolerate certain pain medications.
- Many people describe side effects when taking these medications including nausea, constipation, and feeling sleepy or confused.

- Start by taking the lowest effective dose. If you continue to have pain, you can increase the dose according to the prescription.
- Make sure you have food in your stomach and are drinking plenty of water when you are taking the pain medication.
- You may benefit from an over the counter stool softener while taking the pain medication.
- Avoid taking extra Tylenol (acetaminophen) while you are taking the narcotic pain medication. Most narcotics contain acetaminophen. This will be listed on the bottle.

Wound Care:

- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions until they are fully healed.
- You can remove your dressing 48 hours after your surgery. You can shower on the day the dressing is removed as long as there is **NO** bleeding or drainage coming from your incisions.
 - A small amount of red or clear yellow drainage may be seen on the dressing and is normal. You may cover the incisions with a band-aid or gauze if needed.
 - Do not soak or scrub at your incisions.
- You will have internal stitches. If you notice a stitch sticking out of your incisions, you can cover it with gauze and notify Dr. Cooper's team at your visit. Your body will absorb it or push it out on its own.
- Notify the team if you are experiencing persistent bleeding that soaks your dressing.

Signs of Infection:

- All efforts are made at the time of surgery to prevent infection including skin scrubs in the operating room, IV antibiotics before the surgery, and sterile technique. Despite these measures, infections can still occur.
- Below is a list of signs and symptoms that are concerning for an infection. Please contact the clinic **immediately** if you have any of these concerns:
 - Increasing redness, warmth, or swelling around the incisions
 - Cloudy or pus-like drainage from the incisions
 - Pain that is not controlled by your pain medication
 - Fever greater than 101°F
 - Chills
 - Persistent nausea and vomiting

Signs of a blood clot:

- After surgery, you are at a higher risk of developing a blood clot. If you have a history of a blood clot [deep vein thrombosis (DVT) or pulmonary embolism (PE)], make sure to notify Dr. Cooper or his team prior to the surgery.
- Below is a list of signs and symptoms that may represent a blood clot. Please contact the clinic **immediately** if you develop any of these symptoms:
 - Increasing pain and tenderness in your calf

- Redness or warmth in your calf
- Worsening leg pain when flexing your toes and/or ankle towards your head
- Shortness of breath or difficulty breathing
- Traveling can also increase your risk of developing a blood clot. Please inform the team if you are planning on traveling within 1 month of your surgery.

Post-op Appointments:

- Your overall knee appearance and function will be assessed along with a wound check.
- Range of motion and strength will be evaluated to ensure you are on track with your recovery.
 - Further physical therapy may be ordered at that time.
- We will discuss your operative pictures if you desire.
- You may advance with your day-to-day activities as tolerated.