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Knee Arthroscopy with Meniscus Root Repair

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 meniscus root repair. 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. He or she 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 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.

- If you have an appropriate hinged brace at home, remember to bring it with you on the day of your surgery. Otherwise, Dr. Cooper's team will bring the brace that was fit for you in clinic. This will be put on you in the operating room following the procedure.

General Considerations:

- You will be non-weight bearing for 6 weeks following surgery to protect the meniscus repair. Crutches will be given to you on the day of your surgery.
- You will be unable to drive as long as you are in your brace if this is your right knee. If surgery is on your left knee, you may drive when you feel comfortable and are no longer taking narcotic pain medication.
- As a general rule, you will be out of work for at least 2 weeks following your surgery. Further work restrictions will be addressed at your first post-op visit.
- 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 surgery, you should schedule an 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 for the first 48 hours, then as needed.

Pain Control:

- You will likely be given a narcotic medication for pain control following surgery. Please inform Dr. Cooper's team if you do not tolerate certain pain medications.
 - This medication can be used routinely for 24-72 hours after surgery. Then, you should begin tapering down.
- 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 and your side effects.
 - 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.
- You can remove your dressings 48-72 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 this, 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 incision
 - Cloudy or pus-like drainage from the incision
 - 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.
- You will likely be prescribed a baby Aspirin (low dose 81mg) daily to help reduce the risk of developing a blood clot.
- 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 3 months of your surgery.

Hinged Knee Brace:

- Your hinged knee brace is designed to protect your knee. It will protect you from doing certain movements during the day and night. It should be worn at all times except when showering.
- Your brace should be locked at 0 degrees when sleeping. The brace can be unlocked when you are walking to help you to not place weight through your leg and when seated.
 - To unlock your brace, pull up on **both** red tabs on each side of the brace at the hinge. To lock the brace, make sure the red line on the hinge lines up with the red zero and push **both** tabs down.
 - Do not adjust the degrees of motion.
- Beginning the day after your surgery, you should unlock your brace 5-10 times per day for gentle range of motion of your knee as you can tolerate. This will enhance circulation within the joint to promote healing and is highly beneficial for the recovery.

Physical Therapy:

- Physical Therapy (PT) should begin approximately 2 weeks after your surgery. You should plan on scheduling 1-2 appointments per week for 6-8 weeks depending on your progress.
 - Please schedule your first few appointments prior to your surgery.
- Contact the TCO Eagan PT Department at 952-456-7480, the Training HAUS at 952-456-7650, or the TCO Burnsville PT department at 952-808-3000 for scheduling.
 - If you plan on attending PT elsewhere, please let us know. We will give you a copy of the orders for you to bring to your first appointment. Dr. Cooper's protocols can be found online at DrJonathanCooper.com.

POST-OP APPOINTMENTS:

2 Weeks Post-Op:

- We will discuss your operative pictures if you desire.
- Your overall knee appearance 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.
 - You will be restricted to 90 degrees of flexion for 6 weeks following surgery to protect the meniscus repair.
- You will continue to be non-weightbearing on your surgical extremity.
- You will need to continue to wear your brace at all times except when showering.
- You should be weaning off of your narcotic pain medication. Continue by spacing out the medication doses and then alternating them with ibuprofen and or Tylenol.
 - Most patients will require pain medication before or after PT and before bed. For maximal effect, take a dose 30-60 minutes prior to your PT appointment and before bed.
- You will begin physical therapy at this time.

6 Weeks Post-Op:

- Range of motion and strength will be evaluated to ensure you are on track with your recovery.
 - Your range of motion restrictions will be removed and you can progress your range of motion as tolerated.

- You can progress to normal weightbearing as tolerated over the next 2 weeks.
 - You will start with 25% of your weight and increase by another 25% every 2-3 days until you are at 100%. After you have been at 100% for a few days, you can discontinue your crutches as tolerated.
 - You will change to an unloader brace at 6 weeks to begin ambulation and continue it until 16 weeks out from surgery.
 - Be careful to avoid squatting and twisting with your surgical extremity.
- New work restrictions will be addressed if needed.
- Continue with physical therapy to progress your range of motion. You may now need to attend physical therapy more frequently to progress your range of motion, quad strength, and gait training.

12-14 Weeks & 6 Months Post-Op:

- Your range of motion and strength will be assessed to ensure that you are on track with your individual recovery progress.
 - Continued physical therapy may be ordered depending on your progress.
- You may advance your activities as tolerated.
- We will discuss the ability to return to sports at you 6 month visit.
- Additional visits will be determined based on progress.