

General Post-Operative Instructions Meniscus Repair

WOUND CARE:

- After surgery, wounds are typically covered with gauze, cotton padding and an ACE bandage. You may shower and begin dressing changes 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- Leave any steri-strips (adhesive paper strips over the incision) in place.
- You may begin showers after the first dressing change. Otherwise, keep your incisions clean and dry. Avoid putting any topical creams or ointments on your incisions.
- Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- There may be stitches visible when changing dressings. These should be left in place until removed in clinic.
- Because of the fluid used to inflate the knee during surgery, some drainage is expected. If the dressings become saturated or drainage continues beyond the first few days, please call the office.

ICING:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation as well as helping with pain control
- Ice should be applied between 20-30 minutes at a time with a 20-30 minute break. For the first 48 hours, this 20-30 minute interval of on/off ice should be utilized throughout the day and night when possible.
- You may choose to discharge home with an ice machine. These machines often allow you to adjust the timing and duration of icing.
- If you did not choose to use an ice machine, you may use a bag of ice, a reusable ice pack or frozen vegetables. Remember to never put the bag or pack directly on the skin, always use a towel or cloth to protect your skin.
- After the first 48 hours, the icing should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, please call the office.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Please take this medication as instructed. Pain medication can be decreased as pain improves.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- Crutches are used initially after surgery for protection.
- Weight bearing after surgery will depend on the type and severity of meniscus tear. You should continue to use crutches for protection until your therapist tells you it is okay to no longer use them.
- In some cases, weight-bearing after surgery may be restricted to 'toe-touch' weight bearing. This is typically when a more significant meniscus tear is repaired. These instructions will be given to you after surgery is complete.
- A brace is typically applied to the leg after surgery. This is to help protect the repair during the early part of your recovery. You may unlock the brace immediately after surgery, but may find more secure to have it locked during ambulation.
- The brace will allow for knee flexion up to 90 degrees when unlocked. The brace is usually discontinued about 6 weeks after surgery.
- You may remove your knee brace for hygiene purposes, at home exercises and physical therapy. Beginning the day after surgery, you should take breaks out of your hinged knee brace three times a day for gentle range of motion of your knee from **0 to 90 degrees only**, as you can tolerate. This will enhance circulation within the joint to promote healing and is highly beneficial for the recovery process. Otherwise, the brace should be worn at all times.
- The brace should be worn during sleep.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.

- Return to sports depends on the type of meniscus tear but is typically between 5-6 months. Timing of return to sports depends on several factors and will need to be discussed with Dr. Flikkema.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Physical therapy is prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery and which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Most patients will be instructed to take aspirin daily for 2-6 weeks after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.
- 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

REASONS TO CALL THE OFFICE:

Please call the office at (763)786-9543 for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

TWO-WEEK FOLLOW-UP APPOINTMENT:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.
- Your sutures and steri-strips will be removed and your overall knee appearance will be assessed.
- Prescription refills and work restrictions will be addressed if needed. Most patients are off all narcotic pain medications by two weeks
- Bring your operative pictures to this appointment to further discuss if you desire.

RECOVERY, 2-6 WEEKS:

Pain Control

- You should be weaning from your narcotic pain medications if you have not already stopped using them

Wound Care

- You no longer need to keep your incisions covered.
- You may shower and/or bathe without covering your incisions.
- Continue to monitor for signs and symptoms of infection.

Hinged Knee Brace

- You should continue to wear your hinged knee brace when ambulating for the next 4 weeks, unless otherwise directed by your physical therapist.
- You should unlock your brace when not ambulating to allow for gentle range of motion of your knee. The brace will not allow you to bend your knee beyond 90 degrees. This is to protect the meniscus repair

Physical therapy

- Continue working with physical therapy. Your knee range of motion will be restricted to 0 to 90 degrees until 4-6 weeks postoperative. After that, you may progress with range of motion as you can tolerate with physical therapy guidance.
- Continue to schedule 2-3 appointments per week

Six Week Appointment

- Your range of motion and strength will be assessed.
- Discontinue using your hinged knee brace as you feel comfortable. Begin by ambulating around the house without it, but still wearing it while in public. Once you feel comfortable to be without it in public, discontinue using it altogether.
- You may begin biking and/or jogging on a straight, flat surface only.

**** Be careful to avoid any twisting or pivoting on your surgical extremity ****

RECOVERY, 7-12 WEEKS:

Pain Control

- You should be off all narcotic pain medications. You may use anti-inflammatory (NSAIDs) medications like ibuprofen or naproxen as needed to help with pain and inflammation.
 - Always take NSAIDS with food

Physical therapy

- Continue working with physical therapy. Concentrate on maintaining your full range of motion and advancing your strength with their guidance.
- Continue to schedule 1-2 appointments per week depending on your progress

Twelve Week Appointment

- Your range of motion and strength will be assessed to ensure that you are on track with your individual recovery process.
- You may now begin to advance with your activities as you can tolerate being cautious about pivoting on your surgical extremity for another 1-2 months.
- You should plan to see Dr. Flikkema prior to return to sport to discuss your readiness.
- The earliest you should plan on returning to full sports is 4 months postoperative. A brace may be prescribed for protection and stability while participating in competitive athletics. You can be fitted for the brace at this 12 week appointment if you are interested.

WHEN CAN I?

Drive: You will be permitted to drive (automatic transmission) after surgery as long as you are not taking any narcotics and you feel comfortable behind the wheel. You may consider practicing in a large parking lot to make sure you can react quickly in an emergency. Studies suggest postsurgical patients wait 2 weeks before driving but life circumstances may mean you need to drive sooner than that provided you meet the minimum requirements mentioned above. Manual transmissions are more difficult but you should be able to push the clutch in with your surgical leg (left) approximately 4-6 weeks post-op.

Return to Work: This will vary depending on the demands of your job. We recommend taking at least 2 weeks off of work if you can as you will be fatigued from healing. If you have a sedentary job, you may be able to return to work at this time. Plan on getting up from your work station to move around to prevent stiffness every 20 minutes or so. If you have to carry significant loads, you will have to wait several more weeks.

Shower: You will be able to shower after the initial dressing change, typically 48 hours after surgery. You should cover the incisions while showering after your first dressing change.

Use a Hot tub: Do not use a hot tub or bathe until sutures have been removed and wounds are completely closed.

Do upper body exercise: Please refrain from lifting upper body for the first 2 weeks following surgery. This will allow your body to spend its healing energy on your leg. Following 2 weeks, we recommend either using machines at the gym or a TRX suspension training system. We do not recommend trying to carry weights around the gym on crutches. Keep the workouts to a maintenance level only. This is not the time to make big gains in upper body strength.

Bike outdoors: You should be cycling at least at a level 5 on a stationary bike before cycling outside. Your first several rides should be on flat terrain, preferably on a looped course, to allow for an easy exit strategy should your knee begin getting sore. Progress intensity and duration gradually as your knee tolerates (approx. 5-10 min per ride per week)

Do Dry Needling: To reduce the risk of infection, please wait at least 4 weeks before dry needling.

Get a Massage: Massage can be done as early as 3 weeks out. Inform your massage therapist of your recent knee surgery. Let them know not to push into painful ranges of motion and do not perform forceful motion of the knee.

Use Blood Flow Restriction Training: You may use BFRT starting at least 2 weeks post-op if it is available at your clinic by a certified. Follow all BFRT guidelines and precautions.