Post Op Instructions: Meniscus Repair

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PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE SURGERY CENTER OR VIA PHONE/EMAIL TO OUR STAFF AFTER ARRIVING HOME

WOUND CARE

- Loosen bandage if swelling or progressive numbness occurs in the extremity.
- It is normal for the joint to bleed and swell following surgery if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of the day and re-check. The ACE bandage can be laundered in a normal fashion and reused.
- Remove the ACE bandage and gauze 48 hours after surgery. Leave SteriStrips (clear Band-Aids) on. It is optional to replace the gauze and re-wrap the ACE bandage.
- 48 hours after surgery it is ok to shower. Please keep SteriStrips on when showering. It is OK if they fall off in the shower but do not rub the incision site.

MEDICATIONS

- You can begin the prescription pain medication provided to you upon arriving home and continue every 4-6 hours as needed for pain.
- Most patients will require some narcotic pain medication for a short period of time this can be taken as per the directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation to decrease the side effects, take medication with food if constipation occurs, consider taking an over-the-counter laxative such as Dulcolax or Colace.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (1-800-974-5633)
- Do not drive a car or operate machinery while taking narcotic medication.
- Ibuprofen 200-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce the overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

ICE THERAPY

- Beginning immediately following surgery, use the ice machine (when prescribed as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage/frostbite of the skin. Check the skin frequently for excessive redness, blistering, or other signs of frostbite. When using the ice machine, it is okay to ice continuously as long as you check the skin frequently

ACTIVITY

- Weightbearing: □ WBAT □ TTWB □ NWB
 Range of Motion: Weeks 0-2: □ 0-60° □ 0-90° □ Full ROM
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Maintain no more than toe touch weightbearing of the surgical extremity, unless instructed otherwise. Your weightbearing status will be confirmed the day of surgery.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.

• Air travel is permitted 14 days after surgery. Air travel and immobility increase the risk of blood clots. Unless you have been previously instructed to avoid aspirin products for medical reasons, or if you are under age 16, ensure that you are taking 81 mg baby aspirin twice daily beginning the day after surgery to minimize the risk of blood clot.

EXERCISE

- Begin exercises 3x daily beginning the day after surgery (quad sets, straight leg raises, calf pumps, and leg hangs) unless otherwise instructed. See attached pictures of exercises on the last page for reference. If the exercises cause pain, stop, and try again later in the day.
- Knee stiffness and discomfort is normal following surgery. It is safe and preferable to bend your knee up to 90° while lying or sitting (unless instructed otherwise).
- Do calf pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf.
- Formal physical therapy (PT) will begin after your first postoperative visit or no sooner than 7 days after surgery.

BRACE

- Keep brace locked in full extension when upright or ambulating unless otherwise instructed by your surgeon.
- Keep your brace locked and on always at nighttime and when sleeping until the first postoperative appointment.
- Braces can be removed during periods of rest (i.e., watching TV).
- Brace straps may be loosened during use of ice machine if desired.
- If combined cartilage procedure was performed and you may have been prescribed a CPM (Continuous Passive Motion) machine, the brace should be removed during CPM use as well.

DIET

- Begin with clear liquids and light foods (Jello, soup, etc.).
- Progress to your normal diet as tolerated.

APPOINTMENT

• Your postoperative appointment will be made prior to surgery. You will receive a reminder from the office prior to the visit. This will be 10-14 days after surgery at your surgeon's office.

EMERGENCIES

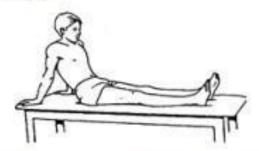
Contact the practice hotline at 1-800-974-5633 if any of the following are present:

- Unrelenting pain, despite taking medications as prescribed.
- Fever (over 101°). It is normal to have a low-grade fever following surgery.
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting uncontrolled

<u>DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM</u>

POST-OPERATIVE KNEE EXERCISES

QUAD SETS

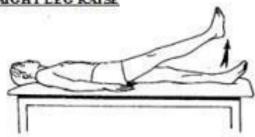


Tighten muscles on up of thigh by pushing knee down to floor or table.

Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day:

STRAIGHT LEG RAISE



Tighten muscle on front of thigh then lift leg 8-10 inches from floor keeping knee locked. Hold 1-2 seconds. Repeat 10-15 times Do 3 sessions per day.

CALF PUMPS



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain. Hold 1-2 seconds. Repeat 10-15 times

Do 3 sessions per day