



Meniscal Repair Post-Operative Instructions

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DIET

- Anesthetic drugs used during surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids and light food (jello, soups, dry crackers, toast). If nausea and vomiting become severe or the patient shows signs of dehydration (lack of urination), please call for further instructions.
- If you are not nauseated please progress to a normal diet as tolerated.

WOUND CARE

- After arthroscopy the wound is covered with gauze and an ace wrap. Loosen bandage only if swelling of the foot and ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the ACE bandage, do not become alarmed – reinforce with additional dressing. If bright red blood persists despite icing and elevation, please call for further instructions.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily. Do NOT remove the paper strips or cut any of the visible sutures. Reapply the ace wrap for the first week to control swelling.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your leg starting 48 hours after surgery – NO immersion of operative leg (i.e. bath, hot tub, sauna, or pool) - Do NOT apply ointments to the incisions. **May come out of the brace ONLY for showering and hygiene.**

ICE THERAPY

- Begin ice machine or ice pack immediately after surgery. Icing is very important for the first 5 to 7 days post operatively.
- While initial post-operative dressing is in place, icing should be continuous. Once the dressing is removed on the 3rd day, ice should be applied for 20-minute periods, 4 to 6 times a day.
- Remember to keep leg elevated at or above chest level during icing. Care must be taken with icing to avoid frost bite to the skin. Do NOT apply ice directly to the skin.

MEDICATIONS

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication will help control pain with little risk of complication. Taking pain medication before bed time will assist in sleeping. If you are prescribed narcotic pain medication (i.e.: Percocet, Norco, Vicodin) you can supplement these medications with 600 mg of ibuprofen three times a day. Please avoid Tylenol while taking narcotic pain medication. Avoid NSAID medication if you are on a blood thinner or have a history of gastric ulcers.

- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food, drink lots of fluids and follow a high fiber diet – if constipation occurs, consider taking an over-the-counter laxative (Colace or senakot)
- If you are having significant problems with nausea/vomiting or constipation, please contact us for further instructions.
- You should resume your normal medications for other conditions the day after surgery, unless instructed differently by your physician.
- Do not drive a car or operate machinery while taking the narcotic medication. Driving while under the influence of narcotic pain medication is dangerous and discouraged in all patients.

DEEP VENOUS THROMBOSIS (DVT) PROPHYLAXIS

- Unless otherwise instructed you should take an aspirin (81 mg or 325 mg) daily until sutures are removed in our office.
- In addition to performing ankle pumps to promote leg blood flow, the aspirin may help lower the risk of a blood clot developing after surgery.
- **Should severe calf pain or significant swelling of the calf and ankle occur, please call for assistance.**

ACTIVITY/BRACE WEAR

- You have been fitted with a hinged knee brace. This brace should be locked in extension and worn at all times for ambulation and for sleeping. Use crutches to assist with walking – you will be **TOE TOUCH WEIGHT BEARING ONLY** until the first post-operative visit.
- You may remove the brace **ONLY** for exercise and showering/sponge bathing.
- Elevate the operative leg above the heart 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
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks
- **NO** driving until instructed otherwise by physician
- May return to sedentary work **ONLY** or school 3-4 days after surgery, if pain is tolerable

EXERCISE

- Begin meniscal repair home exercise program 24 hours after surgery unless otherwise instructed. You may come out of your brace **ONLY** when doing these exercises.
- Discomfort and knee stiffness are normal for a few days following surgery – it is safe and, in fact, preferable to bend your knee within specified limits (unless otherwise instructed by physician)
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90° of flexion (bending) at your first post-operative visit unless otherwise instructed. You should be able to demonstrate a successful straight leg raise by your first post-operative visit.
- Formal physical therapy (PT) or an advanced home exercise program will begin after your first postoperative visit

EMERGENCIES**

For questions please contact our office at **816-233-9888**

Contact Dr. Schaefer or his team if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low-grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in knee or leg

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

**If you have an emergency after office hours/ weekend, contact the office to be directed to physician on call

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

You have been given a follow up appointment in our office in 7 – 14 days after your surgery. At this time the sutures will be removed. Your progress will be evaluated. You will be asked to continue your home exercise program or begin organized physical therapy. You will receive further instructions regarding brace wear.