

POST-OPERATIVE INSTRUCTIONS

MENISCUS REPAIR

Pain Control and Icing

- In order to reduce your pain, pain medication has been placed into your wound and knee joint during surgery; this will wear off after 8-12 hours
- The pain may be worse on post-op day 1 or 2, especially when the anesthetic wears off
- Most patients will require some form of narcotic pain medication for a short time after their knee arthroscopy. Please follow the instructions on the bottle and prescription
 - o You may take 1-2 tablets of Norco (or Percocet) every 4-6 hours as needed for pain (maximum 12 pills/day). I
 - o You should try to gradually reduce the amount of pain medication you need over the first 2-5 days following surgery, until you are off all narcotic pain medication
 - o **Do not take any additional acetaminophen (Tylenol) while taking your Norco**
- Use ice immediately after surgery (unless receiving ice machine) every 2 hours for 20 minutes at a time. Keep your leg elevated to chest level while icing.
- You may take anti-inflammatory medications (Advil/ibuprofen 400-600mg) in between narcotic doses.
- **Do not drive or operate heavy machinery while taking narcotic pain medication, as it may cause drowsiness and sleepiness**
- You may experience stomach discomfort while taking the narcotic pain medication, especially if taking on empty stomach. If experiencing constipation, take an over-the-counter laxative or stool softener. If these symptoms persist, call the office to potentially change your medication.

Blood Clot Prevention

- Multiple steps are taken to prevent development of blood clot, including compression devices during your surgery
- Starting the day after surgery, you should take **325 mg ASPIRIN once daily for 28 DAYS**
- You should also do "ankle pumps" as often as possible to keep the blood flowing
- Avoid periods of prolonged sitting (without the leg elevated) or long-distance traveling for the first two weeks after surgery
- **If you experience any deep calf pain or respiratory difficulty/chest pain, please call the office right away and speak with one of the nurses, or go to the nearest emergency room right away**

Wound care

- Keep your surgical dressing dry and intact until the second post-operative day.
- If you experience ankle or calf swelling, you may loosen the surgical wrap/dressing
- It is normal to have some bleeding or draining from the wound immediately after the surgery; if any blood or fluid soaks through, do not be alarmed. You may reinforce with additional dressing

- After removing dressing, keep your wounds dry (to prevent infection) and do not apply any lotions or creams onto the wound. Do not soak the wounds in water or in a bath (or pool/hot tub). You may shower and let the water run over your wounds; do not scrub the wounds. After your shower, pat the wounds dry and place a band-aid over them.
- You may have a combination of stitches that are outside and inside your skin. If you have butterfly strips over a wound, leave them in place; they will be removed with the free suture ends cut in the office. The nylon (black) sutures can be covered with dry dressings and will also be removed at the first post-op visit.
- **Your stitches will be removed at your first post-operative visit, approximately 7-10 days after surgery.**

Post-operative Brace, Weight-Bearing, and Activities

- You should keep your post-op brace **LOCKED IN EXTENSION** (fully straight) at all times unless doing your flexion exercises or showering. You will keep the brace locked in extension when weightbearing and sleeping.
- Full weight-bearing (as tolerated), with crutches as necessary.
- Begin exercises 24 hours after surgery (straight leg raise, quad sets, heel slides, ankle pumps) unless otherwise instructed.
- Some pain and stiffness is normal following surgery. It is preferable to do range of motion exercises and bend your knee after surgery unless otherwise instructed.
- **Physical therapy will be prescribed to you when you get your sutures removed at your first post-op visit**
- No driving until instructed to by physician.
- May return to sedentary work or school 3-4 days post-operatively if pain well-controlled
- Elevate the operative leg to chest level when possible in order to minimize leg swelling
- While you are resting your knee, please keep it **out straight with a pillow under your heel**. Refrain from (or minimize the time) keeping a pillow under your knee; this prevents the knee from straightening and may cause knee stiffness.

Follow-up Care and Emergencies

- Your first post-op visit (7-10 days post-op) will be scheduled prior to surgery. If you do not have an appointment scheduled, please call the clinical phone #(above) right after surgery
- Please call the office to speak with a clinic nurse if you experience any of the following (if after normal business hours please call the answering service right away or go to the emergency room right away):
 - o Painful swelling or numbness (some swelling and numbness is normal)
 - o Redness around the incisions or pustulent drainage
 - o Fever >101 (some elevated temperature is normal for the first 1-2 days)
 - o Continuous bleeding or drainage from the incisions (some initial bleeding/drainage is to be expected post-operatively)
 - o Color change or cold feeling in the distal extremity
 - o Calf pain, shortness of breath, chest pain, or increased heart (pulse) or breathing rate
 - o **Any concerning symptoms or symptoms that require immediate attention, please call the hospital (Henry Ford West Bloomfield) at 248-325-1000 or go to the nearest emergency room right away**

*If you have any further questions, please also refer to the website
(www.ericmakhnimd.com) for further information*