Post-Operative Instructions Knee arthroscopy Meniscus Surgery

Day of Surgery

Procedures are typically done on an out-patient basis where you will come in and go home the day of surgery.

Activity Once You Return Home

Activity will depend upon whether you had a “repair” or a “partial menisectomy.” If a repair has been done you will be in a brace or so called knee immobilizer and will be given crutches to remain non-weight bearing on the operated leg. If you have had a partial menisectomy or the meniscus has just been trimmed you will not have a brace and typically will not need crutches and may put your weight on the operated leg as your pain allows. For all patients I ask them to ice their knee as much as possible for the first several days to help control pain and swelling. See the Rehabilitation section for more details.

Wound Care

You will have a sterile bandage and ACE wrap applied in the operating room. These can be removed all the way down to the skin on the 3rd day after surgery. Whether a partial menisectomy or a repair has been performed there typically will 2 incisions each closed with one or several black stitches. You may shower at this point. No tubs, pools, or spas. When done, simply pat the wounds dry and then cover them with Band Aids. Use your ACE wrap during the day when you are up and around and apply ice periodically to continue to help control your swelling. Typically swelling will be worst on the 2nd or 3rd day after surgery and then will begin to subside. Follow up in my office typically is done 4-5 days after surgery and sutures will be removed at that time.

Post-Operative Pain Management

You will be given a prescription for pain medication. Most commonly this will be Norco or hydrocodone plus Tylenol. Most patients seem to find that this works effectively for this operation. It can be supplemented with Motrin or Aleve if needed for additional pain relief. I typically will inject the knee with a long acting local anesthetic at the end of the operation. This can significantly decrease your initial post-operative pain and overall is very helpful. I caution my patients, however, that they should not be “faked out” if they have little to no pain for the first 12-24 hours and be prepared to take your pain medication, adjust your activity level, and ice your knee to help if the pain increases.

Rehabilitation/Post-operative Exercises
Just like more involved knee surgeries such as knee replacements and ligament reconstructions the early focus after knee arthroscopy for meniscus surgery is focused on straightening, strengthening, and bending.

**Partial Menisectomy**

If you have had a partial menisectomy or trimming of your meniscus you can put your weight on your knee without restriction. You should begin straightening, leg raising, and bending exercises the day of your surgery. The early goal should be for full straightening and bending to 90 degrees by your first visit 4-5 days after surgery. Depending upon your progress and specific recovery goals you may or may not be referred for formal therapy. That will be determined at your 1\textsuperscript{st} post-operative visit.

**Meniscus Repair**

If you have had a repair you will be in a brace after surgery. You may remove it on the 3\textsuperscript{rd} day after surgery so that you can change your dressing (see **Wound Care**). Even though you may shower at this point you should maintain your activity restrictions—no weight bearing on your operated leg and no bending of your knee. You should begin your leg lifting exercises and your straightening exercises the day of surgery. We will discontinue your brace 3 weeks after your surgery and begin your bending exercises. You will remain on crutches non-weight bearing on your operated leg for a total of 6 weeks following surgery. I typically recommend that patients refrain from deep squatting or cutting/pivoting athletics for 3 months following surgery.