PROLIANCE ORTHOPEDIC ASSOCIATES
SPORTS MEDICINE

Post-Op Instructions

Meniscus Repair – Full Weightbearing Protocol

Day of Surgery

Take control of pain and swelling: The main goal on the day of surgery is to prevent swelling and pain and proactively start the recovery process. Icing and elevation are the two best methods to achieve these early goals. When lying in bed or on the couch, put a pillow under the calf so that the knee stays straight and elevated to help with swelling. The brace can be unbuckled so that ice can be applied to the knee directly over the ACE wrap. Avoid sitting in a normal seated position with your leg down for the first day. Having your leg down will increase swelling and pain.

Start working on range of motion: To work on range of motion you may remove the brace and begin bending the knee following the steps below. For reference, review the attached images.

- Lie in bed on your back.
- Use your hands to start bending the knee by pulling up your thigh and allow your heel to drag along the bed. Then use your hands or a towel to pull your shin or foot gently towards your thigh. You will feel some pressure in the knee and this is ok, but there is no need to force the leg back too much. Use common sense. The goal is to get to 90 degrees but not go past 90 degrees.
- To straighten your leg back out, use your other leg under the heel to slowly extend with control. Repeat the knee flexion exercises multiple times a day
- When not doing exercises, ice and elevate the leg and work on extension. The two positions for the knee are out straight or working on range of motion. Although the most comfortable position is "slightly bent" or with a pillow UNDER the knee, AVOID this position.

Sleeping: When sleeping you should keep the brace on to protect the meniscus repair. It is nice to support the leg with pillows so that it remains elevated slightly as you sleep.

Crutches and Weightbearing: You can put weight on the operative leg after surgery. Initially you will use crutches because the knee will feel weak and may feel like it does not want to support your body. Crutches are helpful during this phase until feel more confident with walking. You are able to come off of the crutches and walk without crutches once the knee feels stable. This timeframe is typically 1-4 weeks after surgery. The brace will be on for 6 weeks.

The Day after Surgery

The goals today are:

- **Remove the bulky dressing under the ACE wrap.**
- **Adjust the brace so it remains tight after the dressing is removed.**
- **Continue working on range of motion.**
- **Start working on quadriceps muscle activation and strength.**

Remove the Bulky Bandage: Undo the straps on your brace and underneath you will see the ACE wrap, which can be removed as well - be sure to save the ACE wrap. Under the ACE wrap you will see some gauze pads that may have some dried blood on them. This is completely normal. While unlikely, If the gauze is saturated or an incision is actively draining call our office at (425) 656-5060. Next, remove the gauze pads and throw them away. This will uncover the skin and tape strips on the skin called Steri Strips. The Steri Strips need to remain in place until they fall off on their own usually around 2 to 4 weeks. As they fall off you do not need to re-cover the incisions. There should be no need for Band-Aids or other home dressings. Do not put any cream or ointments on the incisions or skin around the knee until 4 weeks after surgery.

Replace and Adjust the Brace: You may now reapply the brace. If the brace straps or hinges are rubbing on an incision you may reapply the ACE wrap between the skin and brace to decrease friction. The brace will be loose because the swelling is down and the gauze has been removed. The straps are adjustable and you need to undo the Velcro and shorten the straps to tighten brace. With the bulky dressing off, icing will also be more effective.

Continue to work on range of motion as previously described.

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The Day after Surgery Continued

Quadriceps muscle activation and strength: Getting your quadriceps strength back after surgery is important The quad exercises after surgery are "quad sets" and "straight leg raises." See attached images.

- **Quad Sets:** With the leg straight try and tighten and contract your quads. This is accomplished by attempting to get your leg as straight as possible or by trying to lift your leg straight up. You should feel the muscles on the front of your thigh contract Try this on your non-operative leg to get a sense of what contracting your quads feels like. When you contract the quads, hold for 6-10 seconds and then relax. Repeat frequently throughout the day in sets of 10.
- **Straight leg raise:** With your leg straight, push the two tabs down and lock the brace. Now, with your leg straight, try and lift the leg straight up in the air about 6 to 12 inches. You might not be able to do this at first, but over time your strength will return. Hold for 10 seconds and repeat As you gain strength, this exercise can be done without the brace if you are able to keep the leg straight while it is elevated.

Post-op Day 2 until Clinic Visit

The goals for this time are:

- **Continue to work on getting the knee straight and increasing range of motion using the above technique, but do not bend your knee past 90 degrees.**
- **Get comfortable wearing the brace and walking with crutches. If you feel comfortable and well-supported by the knee, you can walk without the crutches. Most people use them for 1-4 weeks.**
- **Continue to work on quadriceps activation by doing frequent quad sets and straight leg raises.**
- **If physical therapy was prescribed, get into physical therapy and work on the exercises they recommend in addition to the quadriceps activation exercises.**
- **Protect the meniscus repair by not bending past 90 degrees.**

Common Questions

Weight bearing: You can put weight on the operative leg after surgery. Initially you will use crutches because the knee will feel weak and may feel like it does not want to support your body. Crutches are helpful during this phase until feel more confident with walking. You are able to come off of the crutches and walk without crutches once the knee feels stable. This timeframe is typically 1-4 weeks after surgery.

Brace: You will need to wear the brace almost all of the time for the first 6 weeks. Initially the brace will be locked out straight while the quads wake up after surgery. At the first PT visit between 1 and 5 days after surgery, the therapist can unlock the brace to 90 degrees. This will be limited to 90 degrees for the first 6 weeks. You do not need the brace while resting in a protected environment, working on range of motion, during physical therapy, or while showering. You do need the brace for sleeping and walking.

Physical therapy: This should start within 1 to 5 days of surgery. You will be given a prescription outlining the physical therapy that you will need. Your physical therapist will be in touch with your physician regarding your progress throughout your physical therapy. Take pain medications prior to your session if you anticipate having pain with motion. Physical therapy can be very useful in crutch training, working on range of motion, and working on strengthening so that the quad muscles do not atrophy during the early post-operative phase.

Surgical incisions/bandages: You can remove the bulky bandage the day after your surgery. The incisions may drain a little, but you can place gauze overtop with the ACE wrap if needed. The ACE wrap can help provide a barrier between your skin and the brace. Do not apply any lotions or creams to the knee.

Showering: You may shower 48 hours after surgery. Remove your brace and ACE wrap. Leave Steri Strips in place. You can shower regularly and allow soapy water to flow over the surgical knee, but do not scrub the knee. Do not submerge the knee in a bath, pool, or hot tub until 4 weeks after surgery. Pat the knee dry and then reapply the ACE wrap and brace.

Driving: If the surgery is on your right leg, you will not be able to drive for at least 6 weeks because you will not be able to safely apply force on the brake. If the surgery is on your left leg, you may drive sooner but **you must be off all narcotics and be able to drive safely**. On either leg, there is no set timeline and it is not up to your surgeon or physical therapist to clear you to drive. The rule is that you must be a safe and unimpaired driver. Surgery causes impairment just like drinking, so you have to use your best judgment in returning to drive.

Work: You may return to sedentary work or school typically in the first week after surgery if you are able to follow the restrictions we have mandated to protect the meniscus repair. You will still need to ice and keep your leg elevated as much as possible to prevent swelling.

Don't see an answer to your question here?
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Or, visit our website: www.prolianceorthopedicassociates.com

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Medications

Here is a list of medications you will be prescribed:

Narcotic Pain Medication	The narcotic pain medication should be taken "as needed for pain". Please follow the instructions on the bottle for frequency and number of tablets to take. Pain is important in the healing process and "zero pain" should not be the expectation. If you have minimal pain, try to wean off of this medicine as soon as possible. These medications require a hand-signed, printed prescription and cannot be called in to a pharmacy, so if you need a refill please contact the office or talk with the PA at your first post-operative visit
Vistaril (Hydroxyzine)	This medication helps the narcotic to work better to control pain. It can also help with muscle spasms and itching. Take as needed with the narcotic pain medication. You can stop this medication when you stop the narcotic.
Anti-Inflammatory (Mobic)	This medication helps reduce inflammation that leads to pain and swelling. It is good to take this medication as long as you have swelling or pain in the knee. You can stop taking this medication with the pain and swelling are better but most people find it beneficial for at least 6 weeks after surgery. Take as needed.
Aspirin	Take one tablet, two times a day with food for 4 weeks. This medication is a blood thinner and is used to prevent blood clot formation. Take this medication until it has been completed. After 4 weeks, if you typically take a daily baby aspirin you may now return to this regimen. If you do not typically take aspirin you may stop this medication.

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Miscellaneous Information

- There may be some bleeding and fluid leaking from the incision site. This is normal after this type of surgery and may continue for 24 to 36 hours. You may change and/or reinforce the bandages as needed. Do not remove the Steri Strips covering the incisions even if they are wet or bloody.
- There will be MORE swelling on days 1 to 3 than there is on the day of surgery. This is also normal. The swelling will decrease with the anti-inflammatory medication, icing, and elevation. The swelling will make it more difficult to bend your knee and ss the swelling goes down motion will become easier. It is common and expected to still have swelling for 6 to 12 weeks after surgery and some swelling with activity for up to a year.
- You may develop swelling and bruising that extends from your knee down to your calf and perhaps even to your foot over the next week. Do not be alarmed. This too is normal, and is due to gravity pulling the blood and fluid down the leg.
- There may be some numbness adjacent to the incisions and on the outer side of the knee and calf. This is common and generally resolves, but may last up to 6 to 12 months.
- It is also normal to develop a low-grade fever after surgery (up to 100.5 degrees). This can last 2 to 5 days and often comes down with deep breathing exercises. If you have any concerns just let us know. A low grade fever early after surgery is not a sign of infection.
- Pain medication may make you constipated. Below are a few solutions to try in this order:

  Decrease the amount of pain medication if you aren't having pain.

  Drink lots of decaffeinated fluids.

  Drink prune juice and/or eat dried prunes.

  ***Take Colace** - an over the counter stool softener available at the pharmacy.*

  ***Take Senokot** - an over the counter laxative.*

  ***Take Miralax** - another over the counter stronger laxative.*

  If they don't work, call the office.

- All incisions were closed with absorbable sutures. There will not be any suture or staple removal required after surgery.
- Pain and the use of pain medications can be minimized by many proven techniques:
- Ice, elevation, and anti-inflammatory medications are helpful as discussed above.
- Mindfulness meditation has been proven to help with pain control. Go to https://mindfulness-for-pain.mindful.org/ for information, research, and guided meditations.
- Listening to music has been shown to lower pain levels and the need for narcotic pain medication use after surgery.
- Accepting that pain is a part of surgery and healing. The body identifies areas of pain as those areas needing blood flow and energy for healing and this is part of recovery.

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