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Meniscus Repair - Post Operative Instructions

● Wound Care:

- After surgery, the wound is covered with gauze and cotton padding. It is normal for the joint to bleed and swell after surgery. If blood soaks into the ACE bandage, please reinforce with additional gauze dressing. Loosen bandages if swelling or progressive numbness occurs in the extremity (If swelling becomes concerning please reach out to Dr. Frank's office)
- Remove surgical dressings 3 days after surgery.
- Please *LEAVE STERI-STRIPS IN PLACE OVER INCISIONS* until first appointment. There may be some incisions that do not have steri-strips over them.
- **Showering:** Once bandages are removed, you may shower with water-proof band-aids over incision and steri-strips. Please take caution as to not pull off steri-strips when removing band-aids.

● Medications:

- **Pain Control:** Local pain medication is injected into the knee during surgery – this will wear off within 4-6 hours. Most patients will require some narcotic pain medication (i.e. hydrocodone, or other codeine-derivative) for a few days after surgery – please take as instructed. It is important not to drink alcohol or drive while taking narcotic medication. If your pain is minimal, you may discontinue the use of narcotics.
- **Blood Clot Prevention:** Unless otherwise instructed, take **one aspirin 81 mg twice daily** for 4 weeks following surgery. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.
- **Other Medications:**
 - **Anti-Inflammatory:** Multiple over the counter options → only use 1 of these options, and stop immediately if experiencing side effects (indigestion, heartburn, bloody stool)
 - Ibuprofen 600-800 mg (i.e. Advil, Motrin): Take every 8 hours as needed
 - Naproxen 220-440mg (i.e. Aleve): Take every 12 hours as needed with food
 - Meloxicam 15mg (i.e. Mobic): Take once daily as needed with food
 - **Anti-Nausea:** Zofran (Ondansetron): Take every 8 hours as needed for nausea
 - **Muscle Relaxant:** Flexeril (Cyclobenzaprine): Take every 8 hours as needed for muscle spasms
- **Constipation:** The use of narcotics can lead to constipation. Adequate hydration, over-the-counter stool softeners, and mobility can minimize constipation problems.
- **Normal medications:** Resume the day after surgery unless otherwise instructed.

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● **Weight-Bearing:**

- Full weight bearing
- Partial weight bearing
- Toe touch weight bearing

- **Activity:** Unless otherwise instructed, you should begin ankle pump exercises as demonstrated on the exercise handout on the first day after surgery. **Please limit the range of motion 0-90 degrees.** Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days after surgery. While exercise is important, don't over-do it.
- **Brace:** Brace is to be worn at all times, day and night, except hygiene and prescribed exercises. Brace is to remain locked in full extension for 2 weeks or until directed to unlock.
- **Elevation:** Rest and elevate your leg for the first 3-5 days. **Do not place a pillow only under your knee.** Instead, elevate with a pillow under your calf and ankle, with your knee kept straight.
- **Diet:** The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. Following surgery, begin with clear liquids and light foods. You can progress to your normal diet if not nauseated. If nausea and vomiting become severe or if you show signs of dehydration (lack of urination), please call the office.
- **Driving:** No driving until permitted by the surgical team.
- **Work/School:** May return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

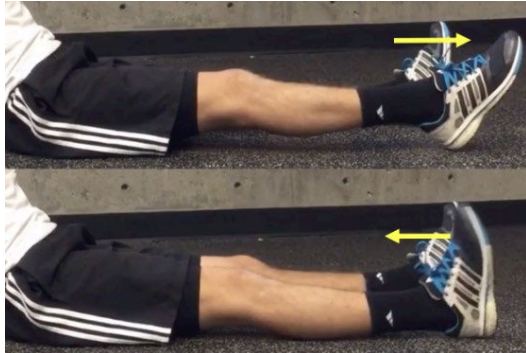
Follow-Up Care/Questions:

- Dr. Frank, Kati Schantz, PA-C or Kevin Shinsako, PA-C will call you after your surgery. If you have not been contacted within 48 hours of surgery, please reach out to Dr. Frank's office.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours. Appointments should be arranged 7-14 days from surgery.
- For routine and non-urgent questions, please use the UCHealth MyHealthConnection portal and message Dr. Frank and team.

URGENT Information and Contacts:

- A low-grade fever (up to 100.5 degrees) is not uncommon in the first 48 hours. Please call the office with any temperature over 101 degrees.
- Please call the office if you have severe pain that your pain medication does not relieve, persistent numbness of the leg, fever over 101 degrees, difficulty with the dressing or surgical incisions, difficulty breathing, chest pain, excessive nausea/vomiting, or if you experience redness or swelling in your thigh or calf.
- For urgent questions, please call our office at **(720) 848-8200** during business hours. **If calling after office hours or on the weekend, you may reach the resident or fellow on call.** The resident or fellow on call may not be familiar with your case, but will be able to direct any questions/concerns directly to Dr. Frank.
- For emergencies, please call 911 and/or go to the Emergency Room.

Post-Operative Knee Exercise



Heel Side: Slide heel towards your gluteus. If tolerated, pull the leg inward to emphasize flexion, no further than 90 degrees, unless instructed otherwise. Repeat 3 sets of 10-15 reps.

Calf-Pumps: Point toes and foot away, flexing calf muscle. Then raise toes towards you. Relax foot. 10-15 reps, 3 sets



Straight Leg Raise: Keeping leg straight, lift it 8 -10 inches off the floor, hold and repeat. Perform 3 sets of 10-15 rep.



Leg Hang: Sit on an elevated surface. Use non-operative foot to support the operative leg. Allow the leg to bend with gravity to tolerance. Limit 0-90 degrees. Hold for 3-5 seconds. Perform 3 sets of 10-15 reps