POST-OPERATIVE INSTRUCTIONS
KNEE ARTHROSCOPY
Partial Meniscectomy / Debridement / Chondroplasty / Loose Body Removal

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
    - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
    - You should take these medicines with food or they may nauseate you.
    - You may not drive or operate heavy equipment while on narcotics.
    - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- Take one regular aspirin (325 mg) once a day for 14 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- If prescribed Lovenox or Xarelto for prevention of blood clots, begin the day AFTER surgery and finish all injections or pills.
- **Resume all home medications unless otherwise instructed.**

WOUND CARE and DRESSINGS

- You may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 2 weeks after surgery**.
- You make notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **<u>If you experience severe calf pain or swelling, call immediately (contact info)</u>**.

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

CRUTCHES

- You may place full weight on the involved leg, unless instructed otherwise, after surgery to help with balance and stability.
- Crutches will be needed initially for comfort unless instructed otherwise until you can walk with a normal gait (heel to toe walk)**.**

DRIVING

- You may drive when off all narcotics and feel you can adequately react. You must be able to brake firmly and comfortably.
- You should practice first in an empty parking lot.

EXERCISES

- Your first physical therapy session should occur within the 2-4 days after surgery
    - It is a good idea to schedule this before surgery to avoid wait lists
    - Physical therapy is crucial to recovery, and much of the work is **home**work!
- To help gain full knee extension, place a small rolled up towel under your ankle and push back of knee to touch the floor by contracting your quadriceps muscle.
- DO NOT put pillows under the knee while you sleep.
- Elevate your leg for several days to help with swelling.

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
    - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **<u>If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.</u>**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
    - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).

- **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.

- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

REHABILITATION PROTOCOL

Rehabilitation after this procedure may progress aggressively because there is no anatomic structure that requires protection.
Progression to the next phase is based on clinical criteria and meeting the established goals for each phase.

Phase I – Acute Phase:

Goals:

- Diminish pain, edema
- Restore knee range of motion (goal 0-110, minimum of 0 degrees extension to 90 degrees of flexion to progress to phase II)
- Reestablish quadriceps muscle activity/re-education (goal of no quadriceps lag during straight leg raise)

Weight bearing:

- Weight bearing as tolerated. Use two crutches initially progressing to weaning crutches as swelling and quadriceps status dictates.

Modalities:

- Cryotherapy for 20 minutes, at least 4 times a day
- Electrical stimulation to quadriceps for functional retraining as appropriate
- Electrical stimulation for edema control- high volt galvanic or interferential stimulation as needed

Therapeutic Exercise:

- Quadriceps sets, SLR, hip adduction, abduction and extension, Ankle pumps, gluteal sets, heel slides, half squats
- Active-assisted ROM stretching, emphasizing full knee extension (flexion to tolerance)
- Hamstring, gastrocnemius/soleus, and quadriceps stretches
- Use of compression wrap or brace
- Bicycle for ROM when patient has sufficient knee ROM. May begin partial revolutions to recover motion if the patient does not have sufficient knee flexion

Phase II- Functional Phase:

Goals:

- Restore and improve muscular strength and endurance
- Reestablish full, pain free ROM
- Gradual return to functional activities
- Restore normal gait without an assistive device
- Improve balance and stability

Weight bearing status:

- Patients may progress to full weight bearing as tolerated without limp. Patients may require one crutch or cane to normalize gait before ambulating without assistive device.
- Stress normal heel-toe gait pattern prior to weaning crutches

Therapeutic exercise:

Continue all exercises as needed from phase I, plus:

- Toe raises- calf raises
- Hamstring curls
- Continue bike for motion and endurance
- Cardio equipment- stair master, elliptical trainer, treadmill and bike as above.
- Lunges- lateral and front
- Leg press
- Lateral step ups, step downs, and front step ups
- Knee extension 90-40 degrees
- Closed kinetic chain exercise terminal knee extension
- Four way hip exercise in standing
- Proprioceptive and balance training
- Stretching exercises- as above, may need to add ITB and/or hip flexor stretches

Phase III – Strength and Activities phase:

Goals:

- Enhance muscular strength and endurance
- Maintain full ROM
- Return to sport/functional activities/work tasks

Therapeutic Exercise:

- Continue to emphasize closed-kinetic chain exercises
- May begin plyometrics/ vertical jumping
- Begin running program and agility drills (walk-jog) progression, forward and backward running, cutting, figure of eight and carioca program
- Sport specific drills

Criteria for discharge from skilled therapy:

1) Non-antalgic gait
2) Pain free /full ROM
3) Lower Extremity strength at least 4+/5
4) Independent with home program
5) Normal age appropriate balance and proprioception
6) Resolved palpable edema