



Post-Operative Instructions

Knee Arthroscopy with Meniscus Repair

Please read all instructions carefully and ask for clarification if necessary

ACTIVITY

You will be in a **KNEE IMMOBILIZER TO BE WORN AT ALL TIMES DAY/NIGHT**

- The brace is locked in extension to protect your meniscus and keep your leg straight
- You are **TOE TOUCH WEIGHT BEARING** and will ambulate with the assistance of crutches while wearing your brace
- You may remove the brace when laying down to ice the knee
- **DO NOT** sit with a pillow under your knee, this may lead you to be unable to fully straighten your leg after surgery
- **Pillows may be placed** under your ankle when elevating and/or icing

You **MAY NOT** drive until you are cleared to do so at one of your post-operative visits

You may continue your normal diet as tolerated

DRESSING/WOUND CARE/SHOWERING

After arthroscopic surgery it is normal to have bleeding and/or drainage that may soak through the dressing in the first 2-3 days following surgery

- **DO NOT BE ALARMED** as this can often appear to be blood, however any drainage is typically arthroscopic fluid mixing with a few drops of blood
- If necessary, **you may reinforce your dressing with gauze and tape**
- It is also expected that your knee will be very swollen and bruising can occur. This swelling may occur from the thigh to the foot for the first week or so
- Loosen the ace wrap around your knee if it becomes too tight or painful

Please remove your dressing on the **SECOND DAY after your surgery**

- **Do not** remove any sutures, they will be removed at your first postoperative visit

You may shower after you remove the dressing on the **SECOND DAY after your surgery**

- **Do not** let the water directly hit your knee
- Pat knee dry after showering and cover incisions with dry dressing or Band-Aids
- **NO LOTIONS, OINTMENTS OR CREAMS** should be used over incisions

****DO NOT SUBMERGE YOUR INCISIONS IN A BATH, POOL, ETC****

COLD THERAPY

You should ice the knee every hour for 20 minutes at a time for the first 2 days, then on an as-needed basis after the first 48 hours

- **Avoid direct skin contact with the ice and exposure longer than 20 minutes as this can lead to frostbite**

MEDICATIONS

You may begin taking your prescription pain medication (below) upon arriving home and should continue taking it every 4-6 hours as needed for pain

- **Percocet 5/325** (Oxycodone 5mg with Acetaminophen 325mg): Take 1 tablet every 4-6 hours as needed for pain
- You may take 2 tablets if pain is severe
- *****DO NOT take additional Tylenol with the Percocet*****

You will also have a prescription for:

- **Aspirin** (81mg): Take one in the morning and one in evening to prevent blood clots
- **Zofran** (Ondansetron): For nausea as needed
- **Toradol** (Ketorolac): Take 1 tablet every 6 hours with food for 3 days (until medication is completed)
- Once the Toradol is complete, you may take Advil (2 pills three times per day) or Aleve (2 pills twice a day) to help minimize inflammation, soreness and swelling

DO NOT DRIVE a vehicle or operate any machinery while taking narcotic pain medication

DO NOT drink alcohol while taking narcotic pain medication

Try to **take the above medications with food** to help prevent any stomach irritation

You may also take an **over-the-counter stool softener** (such as Senna, Dulcolax or Colace) to help prevent constipation from the narcotic pain medication

If you have **any adverse or allergic reactions** to medications, stop them and call the office

****Please note, if you had a nerve block this will likely wear off within 24-48 hours of surgery. It is advised to begin taking your pain medicine before the block fully wears off*****

FOLLOW-UP

You should have your first post-op visit scheduled for **one week** after surgery

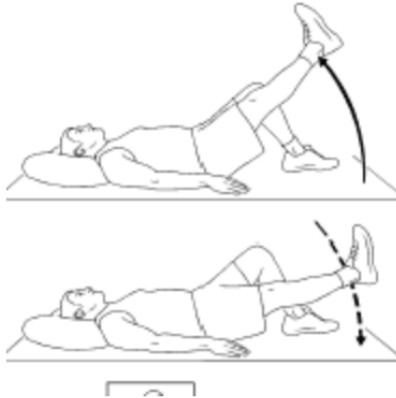
- If you do not have an appointment, please call our office **(860-533-4692)** to schedule

Please call the office (860-533-4692) if you experience any of the following:

- Fever over 101° (low-grade fevers are common after surgery)
- Non-stop drainage or bleeding from incisions that soaks through multiple dressings
- Excessive pain that is not being controlled with medication
- Chest pain or difficulty breathing
- Excessive redness or discharge from incisions
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EXERCISES

STRAIGHT LEG RAISE



Lay on your back with arms at your side and opposite leg bent to 90 degrees with foot flat on the floor. Keep operative leg straight and raise towards ceiling until parallel to opposite thigh. Hold for 3 seconds then slowly lower to the floor. Perform 7-10 repetitions, three times a day

QUAD CONTRACTION EXERCISE



Lay on your back (or sit against wall) with operative leg flat on ground. Gradually tighten your quad (thigh) muscle on the operative knee by pushing your knee into the ground until straight, and hold for 10 seconds. Perform 7-10 reps, three times a day

ANKLE FLEXION/EXTENSION



Actively flex and extend ankle as far as you can, performing 10-15 repetitions per hour