

MENISCUS REPAIR

1. DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the ACE bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily – you may then shave as long as the wounds remain sealed with the band-aid
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your brace starting the day after surgery – NO immersion of operative leg (i.e. bath)

3. MEDICATIONS

- Pain medication is injected into the incisions after surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per the directions on the bottle
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

4. ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle
- Use crutches to assist with walking – you are to be non weight bearing the first 2 weeks, then only 50% of your weight on the operative leg from 2-6 weeks unless otherwise instructed by the physician. No squatting $>90^\circ$
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

5. BRACE (IF PRESCRIBED)

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after first post-operative visit
- Remove brace for flexion (bending) and other exercises done in a non-weight bearing position (i.e. lying or sitting)

6. ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm elevated to level of chest while icing

7. EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact, preferable to bend your knee (unless otherwise instructed by physician)
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and 90° of flexion (bending) at your first post-operative visit unless otherwise instructed



Lisa Kaplin, DO

- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative visit

8. EMERGENCIES

Contact Dr. Kaplin or her medical assistant at 215-745-4050 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 215-745-4050 and you will be connected to our page service – they will contact Dr. Kaplin or one of her physician assistants if she is unavailable. Do NOT call the hospital or surgical center.

**If you have an emergency that requires immediate attention, proceed to the nearest emergency room.