

Bay Area Orthopedic Surgery and Sports Medicine

100 Hospital Drive
Suite 303
Vallejo, CA 94589
Ph: 707-645-7210 Fax: 707-645-7249
www.baosurgery.com

Teodoro P. Nissen, MD

*Fellowship Trained
Sports Medicine and Sports Trauma
Reconstructive Joint Surgery*

Elizabeth J. Milne, MHS, PA-C

*Physician Assistant – Certified
Orthopedics and Pain Management*

POST-OPERATIVE INSTRUCTIONS FOR MENISCAL REPAIR

Activities:

- 1) Keep the brace on at all times. Do not bear any weight on the operative leg until cleared by Dr. Nissen. Use the crutches when you walk.
- 2) Keep the operative knee elevated above the heart as much as possible. Your physician will tell you when it is no longer beneficial to elevate your affected limb.
- 3) If you have an ice machine, use it as much as possible until your first post-op appointment. There should be a cloth barrier between the pad and your skin at all times.
- 4) If you do not have an ice machine, you can use an ice pack or frozen peas. Use this for twenty (20) minutes every two to three hours. There should be a cloth barrier between the ice pack and your skin at all times.
- 5) Do not drive until approved by your doctor. Do not drive if you are taking narcotics or muscle relaxants as they can make you drowsy and slow your reaction time.
- 6) Return to work depends on your type of employment and can be discussed at your post-op appointment.

Diet:

- 1) Begin with liquids and light food (Jell-O, soup, etc.). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow to respond after anesthesia, in addition to the use of narcotic pain medication. The use of a mild over the counter laxative may be beneficial.

Medications:

- 1) Take your pain medication as needed, though not more than every (4) four hours. Do not wait until you are in a lot of pain before taking the medication. It takes the medication (30) thirty to (45) minutes to take effect.
- 2) Strong oral narcotic pain medications have been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages. Do not drive, operate machinery, or make important legal decisions while taking narcotics.
- 3) Do not take Tylenol or Acetaminophen in combination with pain medications containing these same substances. You may find the contents of the pain medication on the bottle of your prescription.
- 4) It is not uncommon to have some stomach upset with use of narcotic medication. For this reason, take your medication with food. If your symptoms are severe, or the medication does not treat your symptoms of post-operative pain, please call the office and we will prescribe a different medication.

Physical Therapy:

- 1) After surgery Dr. Nissen will order physical therapy. This typically is ordered at your first post-operative appointment. This is an important part of your recovery and we strongly encourage you to follow through with all therapy appointments. Prior to your first follow-up appointment, please check with your insurance company and see if there are any limitations to where you can receive therapy. We will make every effort to send you to a physical therapy clinic included in your insurance plan.

Wound Care / Dressings:

- 1) Expect minimal bloody drainage on surgical dressing. Call the office if the bandage becomes saturated. Do not remove your dressings unless instructed to do so. Your dressing will be removed at your first post-operative follow-up appointment.
- 2) Showering is allowed after the dressing is removed, about 10 days after your surgery. Do not soak the knee (no bath tub, hot tub, Jacuzzi, Swimming pool or ocean) until cleared by the doctor.
- 3) Do not put ointment on your incision, or touch the incision until cleared by the doctor.

Follow-up Care:

- 1) You should already have an appointment scheduled post-operatively for 5-10 days after surgery. This appointment will be with Dr. Nissen or Elizabeth Milne PA-C. The purpose of this appointment is to remove your dressings, remove the sutures or staples, and review the operative findings. Please call the office if you need to change this appointment (707)645-7210, or if you did not receive an appointment.

When to Call the Office: (707) 645-7210

Call our office if any of the following occurs:

- 1) Increased swelling in the thigh or calf.
- 2) Pain in the thigh or calf.
- 3) Numbness in the operative leg.
- 4) Change of color or temperature in the operative leg.
- 5) Pain in the operative leg, progressively worsening despite proper use of medication.
- 6) Fever greater than 101.5 degrees.
- 7) Excessive nausea/vomiting from use of pain medication.
- 8) Continuous draining or bleeding from the dressing.

EXERCISES: Detailed exercises with pictures can be found on our web site
www.bayareaorthosurgery.com

Exercises: Stage One - Out of brace:

-Start Post-operative Day one (1), continue through week ten (10) post-op

- 1) Bridging Exercises: Roll a towel and put it under your heel with nothing under your knee. Work on pushing your knee straight down towards the floor. Hold this position for 10 counts. You may assist this by resting your hand on your thigh, near the knee to keep your leg straight. Relax after 10 counts, then repeat 10 times. This exercise should be done hourly while awake.
- 2) Quad Sets: Tighten your thigh muscles, hold for 5 counts. Relax. Repeat for 3 sets of 10 repetitions. When you tighten your thigh muscles, it will feel like your knee is straightening (that is OK).
- 3) Heel Slides: Lock the brace so that it will not flex (bend) more than 90 degrees. Lie on your back with legs straight out in front of you. Slowly slide your heel towards your buttock as far as is comfortable (**but no further than 90 degrees of flexion**). Hold for 5 counts. Relax and straighten your leg. Repeat 10 times. You can assist by using a towel around your foot to pull the leg up. These exercises must be done non-weight bearing.
- 4) Ankle Pumps: To encourage blood flow in your legs, and prevent blood clots (DVT), move your ankles up and down at least 10 times hourly.
- 5) Patella (Knee-cap) Mobilization: Move the kneecap towards the inner side of your leg and hold for 5 seconds. Move the kneecap towards the outer side of your leg and hold for 5 seconds. Repeat this sequence for a total of 3 sets of 10 repetitions in each direction.

Exercises: Stage One – Continued:

-Begin post-operative week number three (3) and continue through week five (5)

- 1) Straight Leg Raises: While in a sitting position, lift your leg off the ground a few inches and hold for 10 seconds. Relax. Repeat this 10 times. Repeat this for 3 sets of 10 repetitions.
- 2) Heel Slides: Same as described in the first exercises, **but can increase to 120 degrees of knee flexion**. These exercises must be done non-weight bearing.
- 3) Stationary Bike: This must be done with the seat raised to limit knee flexion to 90 degrees.
- 4) Isometric Exercises for Quadriceps and Hamstrings as instructed by physical therapist

Exercises: Stage Two – Strengthening

-Start at post-operative week six (6) through week nine (9)

- 1) Brace discontinued.
- 2) Weight bearing as tolerated.
- 3) Can begin gradual increase of ROM exercises for knee to include active assisted passive ROM to the knee to full ROM (all stretch is gentle).
- 4) Can begin resistive exercise as instructed by physical therapist

Exercises: Stage Three – Final Strengthening

-Start at post-operative week ten (10)

- 1) Can begin jogging and running
- 2) Can begin cutting sports around post-operative week 14-16