GENESIS ORTHOPEDICS & SPORTS MEDICINE

Nolan Horner, MD

Knee Arthroscopy with Partial Meniscectomy/Debridement

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
    - Some patients may be provided an ice machine to go home with
        - This is dependent on the type of surgery you had and insurance approval
        - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
    - You may use ice 20 minutes on, 20 minutes off, as often as you wish
    - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

You will start PT post op immediately post op

- Full weight bearing as tolerated – crutch use is ***optional***
    - You may safely walk, stand, and climb stairs right away

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  - Can use crutches as needed for 24-48h, ideally progression off of crutches within 2-5 days
  - Please alternate activity with RICE (rest, ice, compression and elevation) and plan to take it easy for several days
  - We suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation
  - Do not sit for more than 30-45 minutes at one time
- You will start early motion exercises day 1 post op ***[see last 2 pages for examples]***
- Return to work – you can return to work as soon as you feel ready
  - This will depend in part on what was done during the procedure.
  - For sitting-down jobs, you may be ready to return within a few days
  - For active jobs, it may be a week or more
- Driving – We want you to be safe and comfortable when you return to driving
  - If your procedure was on the left knee, you may drive as soon as you are no longer taking the narcotic pain medication
  - If on the right side, you may be able to drive safely from 7 days after the procedure. This is a sliding scale, depending on your pain and progress, and we will discuss it at your first post-op appointment
- Physical therapy – will begin within a few days of your procedure

Wound Care

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
  - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures
  - You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air
  - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
  - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
  - The best thing for your incision is keep them covered, and as clean and dry as possible
  - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees

- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360
Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360
St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy Protocol

PT will start immediately post op

PHASE I: Week 0-2

Full WBAT, d/c crutches at 24-48h when gait normalizes

ROM goals: full AROM/PROM

Exercises

- SLR
- Heel slides
- Quad sets
- Calf pumps
- Patellar mobilization

PHASE II: Weeks 2-6

Continue full WBAT, progress with ROM until full

Exercises

- Wall sits
- Lunges
- Balance exercises
- Closed chain quad strengthening
- Modalities PRN

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Early Post-Operative Knee Home Exercises

Regular exercises to restore range of motion and flexibility to your Knee and a gradual return to your everyday activities are important for your full recovery after shoulder surgery. The exercises detailed below should be completed daily as a part of your recovery routine.

- Please start these exercises post op day 1
- At least 3x/day
- 5-10 minutes per session
- Remove brace during exercises

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Quad Sets

- Lay on your back with a towel under your knee
- Tighten your quadriceps (group of muscles present on the front of the thigh) pushing your knee downward into the towel for 3-5 seconds then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.



Heel Slides

- Lay on your back, Slide your heel back toward your buttock as far as you can comfortably go
- Once you reach your limit, hold the position for 3-5 seconds, then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.

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Patellar Mobilization

- Sit or lay down on your bottom or back with your legs straight out in front of you.
- Firmly move your patella (knee cap) side to side and in circular motions.
- Complete two sets of 1 minute each.
- Do 3 sessions a day.



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