



Partial Meniscectomy/Debridement

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. 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 three days.
 - You may use it 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.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

Activity

- Full weight bearing as tolerated.
 - You may safely walk, stand, and climb stairs right away.
 - Can use crutches as needed for 24-48h
 - 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.
- 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

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for 3-5 days post-op.
 - Do not get the bandages wet the first 3-5 days after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.



- If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 1 week post-op.
- The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered with a clean dressing. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com

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. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy Protocol

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