Dr. Tyler Kent
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Post-Operative Guidelines and Frequently Asked Questions for Meniscal Procedures

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Brace: A hinged knee brace is used for repair procedures and should be worn for 6 weeks after surgery (no brace is used for a partial meniscectomy). The brace is to be worn at all times, and remains locked in extension (knee straight) for ambulation and sleep for 4 weeks. You may unlock the brace and bend the knee to 90 degrees when resting. See the PT protocol for more instructions.

Crutches for a partial meniscectomy:
Week 1: Weight-bearing as tolerated with 2 crutches. Wean off crutches by the end of Week 1

Crutches for a regular repair:
Weeks 0-4: Toe-touch weight-bearing with 2 crutches. Approximately 20 lbs - lightly resting the foot on the floor. Do not put body weight on the foot
Weeks 5-6: Begin slow progression of weight bearing so that you are putting all your weight on the foot at 6 weeks.
Weeks 6+: You may stop using crutches once you have achieved knee ROM of 120 degrees, you can bear full weight without pain, and you have adequate control and stability.

Crutches for a root repair:
Weeks 0-6: Toe-touch weight-bearing with 2 crutches. Approximately 20 lbs - lightly resting the foot on the floor. Do not put body weight on the foot.
Week 6: Begin slow progression of weight bearing until you are putting all your weight on the foot.
Weeks 7+: You may stop using crutches once you have achieved knee ROM of 120 degrees, you can bear full weight without pain, and you have adequate control and stability.

Wound Care: Keep the site clean and dry as it heals*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site. You do not need to re-apply any gauze over your incisions after your first shower, unless there is continued drainage.
*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends up your thigh and down to your leg and perhaps even to your ankle and foot over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot, or ankle.

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Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low.
PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated. Below are a few solutions to try in this order: Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.
B. Drink lots of fluids such as water.
C. Drink prune juice and/or eat dried prunes
D. Take Colace – an over-the-counter stool softener
E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative. Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Elevate your leg: Keep your leg elevated to decrease swelling, which will then in turn decrease your pain. You should elevate the foot of your bed by putting a couple of pillows between your mattress and box spring or place a stack of blankets/pillows under your leg to keep it elevated and supported above the level of your heart. You may sleep on your side with a pillow between your legs if you wish. The swelling will make it more difficult to bend your knee. As the swelling goes down your motion will become easier.

Cold Therapy: You will receive a cold therapy device on the day of surgery or the next day. You will be able to use this device beginning the day of surgery. Use the unit for 20 - 30 minutes at a time, 4-6 times or more per day to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

Follow-up Appointments: Follow-up Appointments: 14 days, 6 weeks, 3 months, 6 months, 9 months, and 12 months.
Please plan ahead to arrive on time.

Physical Therapy**: You should have received a physical therapy prescription at your office visit prior to surgery. Begin physical therapy within the first week after your surgery. Consider taking pain medication 30-45 mins prior to physical therapy so that your pain is well-controlled and you can maximize the visit. PT typically is necessary 1-2 times weekly for 4-6 months post-operatively.
**These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs at the 9-month mark.

Driving: If you had surgery on your left knee, you may drive when pain is controlled and you are no longer taking narcotic pain medications (usually around 1-2 weeks). If you had surgery on

your right knee, you cannot drive until you are able begin bearing weight in the brace (usually around four weeks). Dr. Kent does not recommend that you drive while wearing the brace.

Frequently Asked Questions: Meniscus Surgery

1. What is a meniscus? A meniscal root?

The meniscus is a fibrocartilage cushion that helps to distribute weight between the two bones of the knee (femur and tibia). The root of the meniscus is where it is anchored to the bone in the back of the knee. The meniscus is an avascular structure with a very poor capacity for repair. The meniscus helps to prevent knee arthritis by providing this cushioning function, and acts to stabilize the knee.

2. What is a meniscus tear?

It is very common for the meniscus to tear or to separate from its normal attachment on the knee joint capsule or the bone itself. Unfortunately, once a meniscus tears, it usually does not heal on its own. This is because there is a very poor blood supply to the meniscus.

3. Why do you remove meniscus as opposed to fixing it?

The healing of soft tissues in our bodies requires that there be a rich blood supply in order to deliver healing molecules to the site of injury. Poor blood supply means that some meniscus tears will not heal, even if sutures are used to “fix” the noted area of tearing. Dr. Kent will determine at the time of surgery if your meniscus is repairable. His primary goal is to preserve and repair as much meniscus tissue as possible while treating your meniscus problem.

4. How much meniscus do you remove?

Dr. Kent will remove as little meniscus as possible in order to treat the problem. Usually this means that patients who undergo a partial meniscectomy will still have around 80% of their meniscus once the surgery is complete. Some types of tears will require a more extensive resection, but fortunately this is very rare.

5. What happens if you can actually fix the meniscus?

Fixing the meniscus requires that sutures are placed to hold the torn portions of the meniscus together. Dr. Kent will also make several small holes (microfracture) in the non-weight bearing portion of the femur to create bleeding to aid the repair. This, in turn, requires that the knee be partially immobilized immediately after surgery. You will need to wear a brace for about six weeks following a repair, and use crutches during this time. Although this extends the rehab duration, the meniscus volume is preserved.

6. What are the risks of meniscus surgery?

The biggest risk after meniscus surgery is ongoing dysfunction in the knee, or failure of the meniscus to heal despite being repaired. The best way to mitigate this risk is by following all post operative instructions, attending physical therapy, and committing to regular independent work-outs.

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Nicotine interferes with wound healing, so discontinuing smoking or vaping 2 weeks prior and 3 months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving

your feet and ankles, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the knee. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

7. How long do I need to do PT for a meniscus surgery?
   Approximately 6 weeks for a partial meniscectomy (removal).
   Approximately 12-16 weeks for meniscal repair.
   Approximately 16-20 weeks for meniscal root repair.

8. When do I return to the office?
   Meniscus repair patients will come back to the office at 2, 6 and 12 weeks following surgery.