

Partial Meniscectomy Post Op Instructions

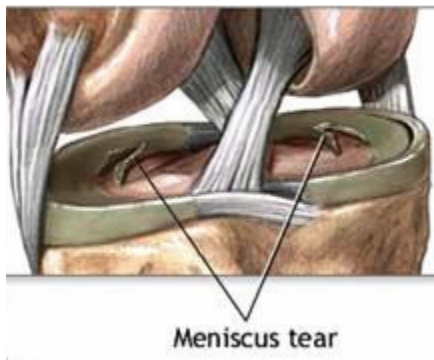
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What is a Meniscus?

The Medial and Lateral meniscal cartilages are gasket like cushions in the knee. Positioned between the femur and tibia, they distribute the weight transferred from the larger femur above to the smaller tibia below. The Menisci also help with the stability of the knee joint. Healthy Menisci convert the relatively flat tibial surface into a more stable shallow socket.

Why do They Tear?

Meniscal tears can occur in any age group. In younger people, the meniscus is a fairly tough and rubbery structure. Tears in the meniscus usually occur as a result of a forceful twisting injury or with hyperflexion of the knee. In younger age groups, meniscal tears are more likely to be caused by a sports injury. In more mature individuals, it can occur with squatting down, twisting or a fall. In older individuals, the meniscus can be weaker and easier to tear. Sometimes meniscal tears can occur as a result of a minor injury, even from the up and down motion of simple squatting. Degenerative tears of the meniscus can also be seen as a part of osteoarthritis of the knee, gout and other arthritic conditions.



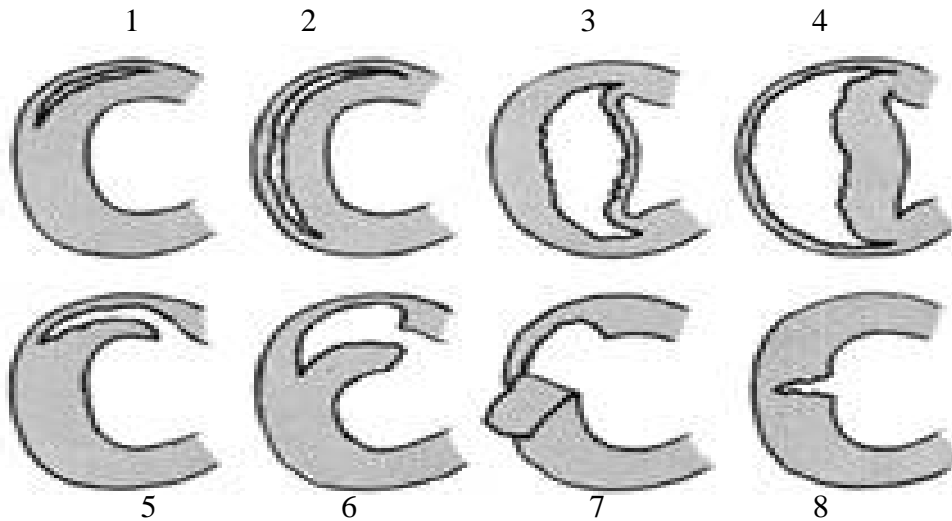
In many cases, there is no one associated injury that leads to a meniscal tear and knee pain is the most common complaint. The pain may be felt along the joint line where the meniscus is located. Sometimes the symptoms are vague and occasionally involve the whole knee. If the torn portion of the

meniscus is large enough, locking may occur. Locking simply refers to the inability to fully straighten the knee or loss of the ability to move the knee. Locking occurs when a

piece of torn cartilage, or meniscus, is stuck between the bones. In other words, the meniscus is caught in the hinge mechanism of the knee. Once stuck, it will not let the knee straighten out or move completely. (See Dr. Reznik's video, "The Locking Knee" on You Tube.) Left alone, over time the constant rubbing of the torn meniscus on the articular cartilage will cause damage or degeneration of the knee joint. As a result, the knee may also become swollen, stiff and tight.

Treatment: Partial Meniscectomy

Once a meniscus is torn, it won't heal on its own. Surgery is required to either remove the torn portion of the meniscus or repair the tear. Most often, with Arthroscopic surgery the offending torn portions of the meniscus can be removed with special instruments. Repair of the meniscus is not possible in all cases. In these cases, removal of the offending, impinging fragments is necessary to return the knee to good function. Degenerative type tears in older patients are frequently unrepairable. In these cases, arthroscopic removal of the loose unrepairable fragments frequently resolves the problems caused by the tear. Examples of tears that cannot be repaired are seen in images three, five, six, seven and eight below.



PARTIAL MENISCECTOMY RECOVERY PLAN

Diet: You may resume a regular diet when you return home. Start with tea or broth and advance slowly with crackers or toast, then a sandwich. If you become nauseated, return to clear liquids.

Pain Control: Take pain medication as prescribed by Dr. Reznik. Please call our office with any questions regarding your medication. Ice as needed (never place ice directly on skin) and elevate leg above heart level using 2-3 pillows. This will also decrease swelling.

Dressing/Showering: The dressing is to remain clean and dry. After 48 hours, you may remove the dressings, leaving the small yellow zeroform "steri-strips" on if present. These will be removed along with any stitches you may have, at your first post-op visit. You may shower today. Pat the incisions dry, don't rub the scabs off. Cover each incision with a plain Band-Aid. Do not use creams or ointments on the incisions.

Stop smoking: Smoking slows the healing process by interfering with the making of new DNA. Smoking also increases the risk of infection and pneumonia after surgery by slowing your body's white blood cells.

Deep Breathing: Be sure to regularly take a deep breath and blow it out. This helps to clear the lungs after anesthesia.

Crutches: Partial meniscectomy patients usually need to use two crutches for only a few days. You should remember to put the involved foot flat on the ground, even when lightly weight bearing. Increase the weight on the foot as tolerated. You can advance to one crutch for the next few days and then a cane if needed. Most patients can be full weight bearing by the end of the first week.

Driving: Right knee patients and left knee patients with a standard transmission car cannot drive until off all pain meds and can fully weight bear without pain.

Return to Work: People with light work (desk work with no squatting, lifting or kneeling) can return to work within a week. The exception is for people who may have long commutes. By staying still with the leg down for long periods, **THEY ARE AT RISK FOR BLOOD CLOTS**. Patients with active office work or very light labor with variable tasks can sometimes go back to work at two or three weeks, depending on lifting requirements. Heavy work, (lifting or unprotected heights) cannot usually return before 6 weeks. Most will need to be cleared by their physical therapist.

Blood Clots: Those at higher risk of blood clots include patients who have long car or train commutes, may be overweight, and have a history of prior cancer, women on birth control pills or males over the age of 40. These patients should be taking an at least a baby aspirin per day (unless allergic or sensitive). Doing the exercises (ankle pumps below), using aspirin and at times compressive stockings will also reduce the risk of blood clots. Patients who have a history of clots in the past should ask if they should be on a blood thinner post op for at least six weeks.

Call the physician if:

**You develop excessive, prolonged nausea or vomiting

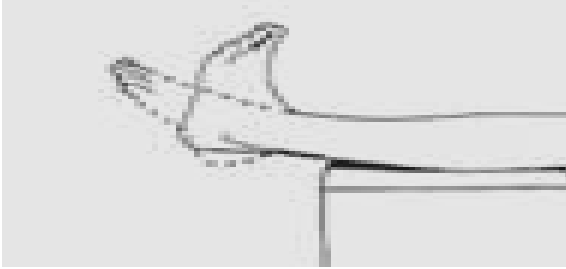
**Fever above 101.

**You develop any type of rash

**You experience calf pain

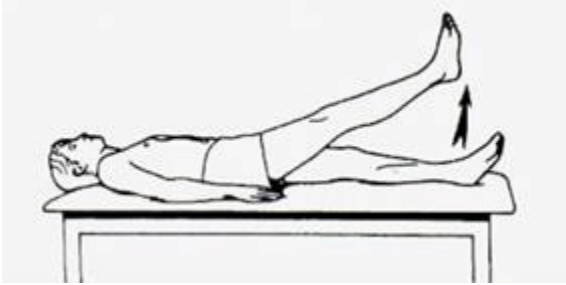
Post-Operative Exercises

Start doing exercises while still in the recovery room. Dr. Reznik or your nurse will instruct you on what to do. At home, while resting in bed after surgery do the following every hour or with each set of TV commercials.



1. Ankle Pumps:

Pump your ankle up and down for 1 minute (like pressing on the gas pedal). This will increase circulation and reduce the risk of developing a blood clot.



2. Straight Leg Raise: Tighten your quads (muscle in the front of your thigh) and raise your leg 8 to 12 inches off the bed. Start slowly working toward three sets of 8-12 by the end of the first two weeks.

3. Side raises: Laying on your side lift the leg 12- 24 inches off the bed. Start slowly working toward three sets of 8-12 by the end of the first two weeks.

4. Knee bends/heel slides: With your heel on the bed, bend your knee while sliding your heel toward you. Start with bending 30-45 degrees and work toward 90 degrees during the first week.

5. If you find yourself in bed or resting frequently, move your arms regularly. You can use weights for upper arm exercises to keep your muscles ready for the demands of using crutches.

6. Add other exercises as your therapist gives them to you.