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Meniscectomy Surgery Post-Operative Guidelines and Frequently Asked Questions

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: None needed

Crutches: **Week 1:** Toe-touch weight-bearing with 2 crutches: Up to 3 days.
Approximately 20 lbs - lightly resting the foot on the floor.
Week 2: Full weight bearing as tolerated.

Wound Care: **Keep the sites clean and dry** as it heals*. You may remove the outer bandages and shower 48 hours after surgery. **DO NOT remove the Steri-Strips (the small white strips closest to the skin) over incisions;** these wound closures will fall off automatically around 7-10 days after surgery or can be gently pulled off and discarded. Wrap the site securely with plastic during bathing to avoid wetting the Steri-Strips and incisions for 7-10 days. **Do not apply any gels or ointments to the site.** Although it is recommended to keep the brace on for your first shower, it may be removed if more comfortable for showering.

**It is normal to have small amounts of bloody drainage on the dressing. 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 degrees Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up & down that is unrelieved by rest or elevation, or calf, foot, ankle swelling.*

Pain Medication: Prescriptions will be sent to your pharmacy a few days prior to your surgery. **Please pick up all prescriptions BEFORE your surgery day. Pain medication cannot be called in to pharmacies!** You will receive three (3) medications: one narcotic pain medicine (1-2 tabs to be taken every 4-6 hours as needed), one anti-inflammatory medicine (1 tablet daily for 14 days) and one medication for nausea (as needed). **Please call the office ASAP for a refill when your supply is low – All refills must be requested in the office by 4pm on Thursday afternoon.**

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Game Ready Device / Cold Therapy: You will receive a cold therapy device on the day of surgery or the next day. You will not be able to use this device until you remove your bandages the day following surgery; do not worry if you do not have the device on the day of surgery. **Use the unit for 20 - 30 minutes at a time, 4-6 times 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: 6 weeks. **Please plan ahead to arrive on time.**

Physical Therapy:** You will receive a physical therapy prescription within a few days of surgery. Your first therapy session should be scheduled approximately 7 days after surgery. Facility suggestions may be found on the HSS website: <https://www.hss.edu/rehab-network.asp>. PT typically is necessary 1-2 times weekly for approximately 6-8 weeks post-operatively. You may bend your knee to tolerance or comfort level when sitting.

***These guidelines may be adjusted by Dr. Williams or the PA as you progress. Typical clearance for full activity occurs at the 6-month mark.*

Frequently Asked Questions: Meniscus Surgery

1. What is a meniscus?

The meniscus is a fibrocartilage cushion that helps to distribute weight between the two bones of the knee (femur and tibia). It is an avascular structure that has a very poor capacity for repair. The meniscus helps to prevent knee arthritis by performing this cushioning function.

2. What is a meniscus tear?

It very common for the meniscus to tear or to separate from its normal attachment on the knee joint capsule. Unfortunately, once a meniscus tears, the resultant tears do not heal. Put simply, the meniscus tears rarely can heal once they occur because there is a very poor blood supply. As such, most meniscus tears will not heal, and this is why many affected patients will opt for a surgical solution.

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

Again, the meniscus is largely avascular. And even though I am able to suture most types of tears of the meniscus, there is no expected healing response because there is no blood supply in the area. The healing of soft tissues in our bodies requires that there be a rich blood supply that supports the carriage of healing molecules to the site of injury. No blood supply means that most meniscus tears will not heal, even if sutures are used to “fix” the noted area of tearing. Dr. Williams will determine at the time of surgery if your meniscus is repairable. His primary goal is to preserve as much meniscus tissue as possible while treating your meniscus problem.

4. How much meniscus do you remove?

Typically, I will remove as little meniscus as possible that will 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 place to hold the torn meniscus area together. This, in turn, requires that the knee be partially immobilized immediately after surgery. You will need to wear a brace for about three weeks following a repair, and use crutches for the first week. Although this extends the rehab duration a bit, the meniscus volume is preserved.

6. How long do I need to do PT for a meniscus surgery?

Approximately 6 weeks for a partial meniscectomy (removal).
Approximately 12 weeks for meniscal repair.

7. When do I return to the office?

Partial meniscectomy patients return to the office at the 6 week mark following surgery. Meniscus repair patients will come back to the office at the 6 week and 12 week mark following surgery. The first post-operative appointment should be made when a date for surgery is confirmed.