the office of **DR. BETH E. SHUBIN STEIN** M.D.

Beth E. Shubin Stein, MD

Phone: 212-606-1752

Email: ShubinSteinOffice@hss.edu



SURGERY SPECIFIC INFORMATION Meniscus Surgery: Partial Meniscectomy or Repair

Will my meniscus be partially removed or repaired?

This depends on several factors including your age, the type of tear, and the location of the tear. If the surgeon feels your tear can be repaired, then she will repair it, otherwise, the problematic area will be debrided and removed. She will take the least amount of meniscus as possible in order to leave the most cushion to protect the cartilage. If your meniscus is repaired, the surgeon will sew the tear together. The repaired meniscus is very fragile the first few weeks after surgery, so you will have a different recovery plan.

How long will I stay in the hospital?

This surgery is done as ambulatory surgery, meaning you will go home the same day of surgery.

What are the possible risks and complications of surgery?

As with any surgery there is a low risk of blood clot, nerve damage, and postoperative infection. Specific risks and complications include but aren't limited to re-injury, post-op stiffness, and arthritis.

When can I drive?

You may not drive while taking pain medication. Additionally, if it is your right knee, you will not be able to drive for approximately 2-6 weeks after surgery, depending if the meniscus was repaired or removed.

When can I resume jogging and more sport specific activities?

You will not resume jogging until cleared by your physician. This typically is around 3 months after surgery, depending on quadriceps strength. You will be allowed to begin biking without resistance once you have adequate range of motion and will begin this with your physical therapist. Once adequate quad strength is demonstrated you will transition to the Elliptical machine, running is the next step, and then you may proceed to more sport specific activities.

What is the recovery period like for PARTIAL MENISCECTOMY?

- Brace and Weight bearing precautions
 - You will not need a brace. You will go home with an ace wrap bandage on the leg as well as an ambulation assistive device such as crutches, cane, or walker.
 - Immediately after surgery you will be able to put as much weight as comfortable on the leg in conjunction with the assistive device.
 - Continue to use the assistive device as needed until you have regained adequate quadriceps strength and have stopped limping, as determined by your Physical Therapist or surgeon.
- Physical Therapy
 - In addition to formal PT, do the following home exercises:
 - Quad strengthening: start with quad sets, then transition to straight leg raises
 - Quad sets: 3 sets of 10 performed four times a daily.
 - Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax.
 - Straight Leg Raises: 3 sets preformed four times daily.
 - Lie on your back with leg straight, flat on the bed. Start by tightening your quads, lift your leg off the bed until your heel isn't touching it anymore. Lower your leg down. Repeat as tolerated, work up to 10.
 - Heel pumps: 3 sets preformed four times daily.
 - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.

What is the recovery period like for <u>MENISCAL REPAIR</u>?

- Brace
 - You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear the brace day and night, locked straight for 6 weeks.
 - While resting, it is ok to remove brace. However, brace must be worn while sleeping or bearing any weight.
- Weight bearing precautions
 - Immediately after surgery you will have crutches with the Bledsoe brace locked straight.
 You may put VERY LITTLE weight on the surgical leg until the first post-op visit, day 7-14.
 - After the first post-op visit, you'll be informed how much weight you can put on the leg.
- Injections
 - The meniscus has a poor blood supply, so healing of the meniscus after a repair is not always a guarantee. We have patients follow surgery with a series of 3 injections called PRP (plasma rich plasma) to enhance healing.
 - See PRP handout for additional information
- Physical Therapy

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- You will start formal PT as soon as you feel comfortable, typically within the first week of surgery, just prior to your first post-op visit. You will go 2x/week for about 3 months.
 - Prior to surgery, you should schedule your first appointment with PT. Please contact the office for recommended PT offices.
 - Dedication and attendance to your sessions are critical to your recovery.
 - In addition to formal PT, do the following home exercises:
 - Quad strengthening: start with quad sets, then transition to straight leg raises
 - Quad sets: 3 sets of 10 performed four times a daily.
 - Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax.
 - Straight Leg Raises: 3 sets preformed four times daily.
 - Lie on your back with leg straight, flat on the bed. Start by tightening your quads, lift your leg off the bed until your heel isn't touching it anymore. Lower your leg down. Repeat as tolerated, work up to 10.
 - Heel pumps: 3 sets preformed four times daily.
 - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.

INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
 - Apply ice to your knee but keep the bandages dry
 - Elevate your leg on 2-3 pillows or rolled up towels placed under the <u>heel</u> so that the heel is elevated higher than your knee. This will help reduce swelling and achieve full extension of the knee. Avoid pillows under the knee.
 - For the first 1-2 weeks after surgery, the most important goal is to regain the ability to fully straighten the knee. It is much more important initially than being able to bend the knee.
 - Follow the weight bearing precaution guidelines above.
 - Start your home exercise program
- Bandage and Incision Care
 - Under your brace is an ace wrap- leave this ace wrap on for the first 2-3 days. You may
 then remove the ace wrap. Underneath will be several waterproof bandaids. Keep
 these bandaids in place. However, if the bandaids become wet, dirty, or start to peel
 off, then replace with Nexcare waterproof bandaids. Under the bandaids is Dermabond,
 this is a surgical glue and tape that is used in conjunction with absorbable sutures to
 close the incision. Do not touch the Dermabond.
 - You may re-apply the ace wrap as this helps to decrease swelling.
 - Do not apply creams, ointments, or lotions to your incisions for at least 3 weeks.
- Showering
 - You may shower after you have removed the ace wrap. Although the bandaids are waterproof, you should wrap the leg in saran wrap to provide an extra waterproof layer.
 - **Do not get the incision (or brace) wet**, however, if you had a repair you must wear the brace when standing. You should use a shower chair, or if you have a bathtub-shower, you can sit in the tub. If you take a bath, keep the leg out of the bath. The leg should not be submerged.
- Pain Management and Cold Therapy
 - See <u>POST-OP PAIN MANAGEMENT</u> handout. Within days after surgery, you should wean off the pain medication.
- Normal sensations after surgery
 - o Pain
 - Swelling and warmth up to 2 weeks
 - Small amounts of bloody drainage for first few days
 - Numbness around the incision area
 - o Bruising
 - Low grade temperature less than 101.0 for up to 2 days after surgery.
 - Small amount of redness to the area where the sutures insert in the skin

- IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY

- Calf pain or ankle swelling in either leg
- Change is noted to your incision (i.e. increased redness or drainage)
- Temperature greater than 101.0
- Fever, chills, nausea, vomiting or diarrhea
- Sutures become loose or fall out and incision becomes open
- Drainage becomes yellow, puss like or foul smelling
- Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
 - Please ensure that you have a post-op visit scheduled for 7-14 days after surgery.