



OrthoTeam Clinic

Ashish M. Rawal, M.D.

2 Science Court, Madison, WI 53711

900 Ridge Street, Stoughton, WI 53589.

Telephone: 608-231-3410 Fax: 608-231-3430

Post-Operative Instructions Meniscus Repair

- Begin with clear liquids and light foods (Jell-O's, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the TED Stocking bandage, do not become alarmed, reinforce with additional dressings as needed
- Remove surgical dressing on the 2nd post-operative day – if minimal drainage is present, apply Band-Aid's or a clean dressing over incisions and change daily. To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery.
- You may shower after the initial dressing change, however, you must continue to keep the incisions clean and dry. Do not scrub the incision sites and place new Band-Aid's over the incision sites after showering.
- NO immersion in bath or pool until instructed by Dr. Rawal's office.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and **it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.**
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen and/or Tylenol (acetaminophen) in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For 4 weeks following surgery take one 325 mg aspirin daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur



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ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- You may NOT bear weight on the leg after surgery and crutches will be needed for safe ambulation. You may only be TOE TOUCH WEIGHTBEARING ON THE OPERATIVE LEG (your toes may touch for balance, but do not put weight through the leg).
- In addition, YOU MUST WEAR THE KNEE BRACE LOCKED IN FULL EXTENSION WHEN AMBULATING. The brace may be unlocked when you are not ambulating. You should not bend your knee past 90 degrees until further noted by your surgeon or by physical therapy (the brace is already set to 90 degrees of flexion).
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- Return to work. You will be excused until your first follow up visit. Following this, we will write work restrictions that can allow you to return with certain limitations. Your job may find that they are unable to accommodate these restrictions and may keep you off of work longer. We will discuss this more at your first post-operative visit.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs for 40 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- Formal physical therapy (PT) typically begins 1 week after the procedure.
- You may NOT bear weight on the leg after surgery and crutches will be needed for safe ambulation. You may only be TOE TOUCH WEIGHTBEARING ON THE OPERATIVE LEG. In addition, YOU MUST WEAR THE KNEE BRACE LOCKED IN FULL EXTENSION WHEN AMBULATING. The brace may be unlocked when you are not ambulating. You should not bend your knee past 90 degrees until further noted by your surgeon or by physical therapy (the brace is already set to 90 degrees of flexion).



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EMERGENCIES**

Contact our office at (608) 231-3410, if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain

***If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 608-231-3410 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- Your first post-operative appointment will be scheduled with one of Dr. Rawal's physician assistants, they will do a wound check, go over physical therapy protocols and answer any questions you may have about the procedure.