

#### **Isolated Meniscus Repair: Post- Operative Instructions**

- 1) **Review** the operative findings, procedures and photos.
- 2) **Medications:** Make sure they are effective and not causing problems.
  - a) **Ultracet (tramadol/acetaminophen)** is a pain medication that contains acetaminophen or Tylenol. You should not combine Ultracet with Tylenol to prevent overdosing of acetaminophen. It is okay to combine this medication with anti-inflammatory medications (NSAIDs) such as Advil or Aleve.
    - i) <u>Directions for use</u>: We recommend 1-2 tablets to be taken every 6 hours as needed for moderate-severe pain. You should not take more than 8 pills per day. NOTE: You may switch to extra strength Tylenol at any time if your pain is under reasonable control.
  - b) **Mupirocin Ointment**—continue to apply twice per day with Q-tip to nasal cavities (rim of nose/nostril) x 2 more days.

#### 3) Wound care:

- a) Today we will change your dressings. We will re-dress the incisions with gauze and an ACE bandage for the first week. If you continue to bleed you will need to change the gauze from this dressing, otherwise leave the dressings on without changing.
- b) The **white stocking** will stay on for **1 week**. This will help prevent a blood clot in your leg.
- c) **Please keep the incisions as dry as possible.** To shower you will need to cover the gauze and ACE wrap with a plastic bag so that the incisions do not get wet. We will water-proof the incision site once the sutures have been removed.

# 4) Exercises and physical therapy:

- a) Continue straight leg raises 4x/day.
- b) Start "yoga stretch" for hamstrings. Reach for toes on the surgical side and breathe.
- c) Use the ice machine or "Blue Packs" every hour.
- d) The hinged knee **brace** will be locked at **0° for the first week**.
- e) Sutures will be removed 1 week after surgery. After this, **range of motion** will most likely gradually **increase as tolerated to 90°** in the brace (this will be adjusted at your appointment)
  - i) The brace stays on for **3 weeks when you are up and about**.
- f) You may begin swimming (flutter-kick only) at 3 weeks
- g) Between weeks 3 and 6 the focus should be on range of motion and minimizing swelling.
- h) Physical Therapy: You may begin Physical Therapy 6 weeks after surgery.
  - i) We will give you the referral at your 3<sup>rd</sup> post-operative visit.
- i) In most cases you will start the pedlar and/or biking progressions at or by 6 weeks.

# 5) Crutches:

- a) Make sure that you use crutches for 3 weeks.
  - i) You will be on a **partial weight-bearing (PWB)** status with the crutches.

# 6) Follow Up Appointments:

a) Schedule a follow up visit in approximately 7-10 days for Suture removal *if necessary* (we will tell you). The next appointments will be 3 and 6 weeks from your surgery date.



#### 7) Notes etc:

- a) Make sure you have all necessary notes and documentation for school or work.
- 8) Issues: Remember, our goal is to make this process smooth and easy. If you have any questions, please call us at 310-310-2729.