



From the office of:

Andrew J Blackman, MD

121 St Luke's Center Drive, Suite 302
Chesterfield, MO 63017 314-523-2595
AndrewBlackmanMD.com



POST-OPERATIVE INSTRUCTIONS PROCEDURE: MENISCUS REPAIR

Diet: Begin with liquids and light foods (crackers, soup, etc.). Progress to your normal diet if you are not nauseated. You have been given a prescription for an anti-nausea medication to be taken if needed.

Pain Medication: You have been given a prescription for narcotic pain medicine. These types of medications can cause side effects including nausea, constipation, sedation and confusion. We recommend these only be used for 1 to 2 weeks after surgery. Do not drive while taking narcotic pain medication. An over-the-counter stool softener or laxative, such as Colace, Dulcolax, or Senokot, is recommended to prevent constipation. At any time, acetaminophen (Tylenol) may be substituted instead of your narcotic medicine and used for pain control. Do not exceed 4000 mg of acetaminophen in a 24 hour period. Do not combine with alcohol. You may begin to take NSAID's (ibuprofen, naproxen, etc.) one week after surgery.

Response to Surgery: It is normal to have pain and swelling in your leg after surgery. It will take several weeks for this to go away. Keep your leg elevated as much as possible to help with swelling control. It is also common to notice some bruising around the leg.

Ice: Keep ice on your surgical site for 30 minutes at a time, then 30 minutes off. We recommend having two ice packs. Keep the unused pack in your freezer, and rotate the packs on and off the surgical site as often as needed. Continue to use the ice as often as possible for the first 5-7 days, then as needed for pain relief.

Wound Care: You may remove the surgical dressing three days after your surgery. If Steri-Strips (small pieces of tape directly on the incisions) are present, do not remove them. Keep the incisions covered with clean, dry gauze dressings or Band-Aids. Any sutures will be removed at the time of your first follow-up appointment. Apply an ACE wrap to the knee for the first 10-14 days to help control swelling.

Weight-Bearing: Your weightbearing status is "toe touch" which means you are allowed to rest your foot on the ground while standing or ambulating, but do not shift any body weight onto the operated leg. This restriction will be lifted after 6 weeks. You will need to use crutches or a walker for that duration.

Showering: When you feel up to it, you may shower. The surgical wounds must stay dry, though. You can use a trash bag with tape/rubber bands or purchase a waterproof cast cover.

Exercises: Beginning post-operative day #1, perform the following exercises.

- Ankle Pumps: While sitting, pump your ankles up and down 10 times.
- Quad Sets: While sitting or lying, tighten your quadriceps muscle; hold for 10 sec x 10
- Straight Leg Raises: While sitting or lying, lock your knee straight and perform 10 leg raises
- Do these exercises several times per day.

Driving: You will be unable to drive until you are off narcotic medications and you can walk without crutches. This should be approximately 6 weeks after surgery. It is important that you feel very confident in your ability to respond quickly to changing conditions before attempting to drive. Make sure you can safely get in and out of your car, as well.

Appointment: A follow-up appointment should be scheduled for you. If you didn't receive an appointment, or if you need to change your appointment time, please call our office at 314-523-2595.

Problems: If you develop severe pain, a fever greater than 101.5°, redness around the incision, thick yellow drainage from the incision, excessive bleeding, or persistent nausea and vomiting please call our office at **314-523-2595**.

Monday - Friday, 7 a.m. to 5 p.m.

Our staff will be available to answer questions

Weekends & Evenings

Our after-hours emergency exchange will be able to contact Dr. Blackman

For more information, please visit andrewblackmanmd.com

Facebook.com/STLOrtho

Twitter - @ STLOrtho