

Post-Operative Instructions: Meniscectomy

Diet:

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

Wound Care:

- Maintain your operative dressing, loosen bandages if swelling of the foot or ankle occurs.
- It is normal for your knee to bleed and swell from your surgery- if blood soaks onto your ACE bandage, do not become alarmed – reinforce with additional dressing.
- Remove your surgical dressing on the 3rd post-operative day- if minimal drainage is present, apply band-aids or clean dressing over the incisions and change daily – you may then shave as-long-as the wound remains sealed with a band-aid.
- To avoid infection, keep your incision clean and dry – you may shower after transitioning to water-proof bandages– NO immersion of the operative leg in water (i.e. bath)
- You may stop wearing your Stockings after taking down the bandage.

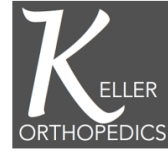
Medications:

- Pain medications were injected into your wound and knee during the surgery – this will wean off in 8-12 hours.
 - Primary Medications:
 - 1. Acetaminophen (Tylenol) 1 g PO every 8 hours scheduled [Rx for 90 (500 mg) tablets]
 - 2. Tramadol (Ultram) 100 mg PO every 8 hours scheduled [Rx for 30 (50 mg) tablets]
 - 3. Meloxicam (Mobic) 15mg PO daily [Rx for 5 (15mg) tablets]
 - a. Alternative: Celecoxib1 (Celebrex) 200 mg PO every 12 hours as scheduled [Rx for 10 (200mg) tablets]
- Take medications above as scheduled until they are gone-----
- 5. Oxycodone (OxyIR) 5 mg (1-2 pills) PO every 4 hours as needed (only as needed) [Rx for 30 (5mg) tablets] - Only take this medication if the other scheduled pain medications are not adequately controlling your pain.
 - If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – Zofran. If still having issues please call our office for a possible medication change.
 - Do not drive a car or operate machinery while taking narcotic medication.

Activity:

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (ie do not maintain a knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Use crutches to assist walking – You can weight bear as tolerated.
- Do not engage in activities which increase knee pain and swelling (prolonged standing or walking) over the first 7-10 days after your surgery.

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- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- No driving until instructed by Dr. Keller.
- May return to sedentary work ONLY or school in 3-4 days after surgery, if pain is tolerable.
- **Goals: full extension (Straightening) to 90+ degrees of flexion (bending) at your first post-operative appointment**

Ice Therapy:

- Begin immediately after surgery
- Use Ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to the level of the chest when icing.

Exercise:

- Begin exercises 24 hours after your surgery (straight leg raise, towel exercises, heel slides, ankle pumps) unless otherwise instructed by Dr. Keller.
- Discomfort and knee stiffness is normal for a few days after surgery – it is safe and, in fact, preferable to bend your knee (unless otherwise instructed by Dr. Keller).
- Complete exercises 3-4 times daily until your first post-operative appointment- your goals are to have full extension (straightening) and 90 + degrees of flexion (bend) by your first post-op appointment unless otherwise instructed by Dr. Keller.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative appointment.

Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills. It is normal to have a low-grade fever after surgery.
 - Redness around the incision
 - Color change in toes or feet
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty Breathing
 - Excessive nausea.

*****If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.**

Follow-up Care/Questions:

- Please contact Katharyn Chernicky, Dr. Keller's assistant at 248-659-0190. OR email Dr. Keller at RKeller@DL-Ortho.com.

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- If you do not already have a post-operative appointment, please call and schedule by calling 248-650-2400 and asking for appointment scheduling.