

POSTOPERATIVE INSTRUCTIONS

MENISCECTOMY / CHONDRAL or PLICA DEBRIDEMENT

DIET

- Begin with clear liquids and light foods (jello, 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 or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- Please keep steri-strips in place.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof bandages over incision areas. Please remember to change bandages daily.
- NO immersion of operative leg (i.e. bath) until 4 weeks after surgery.
- Brace may come off to shower.

MEDICATIONS

- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Colace (Docusate Sodium)
 - This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco) and general anesthesia.
 - Take 1 pill in the morning and 1 in the evening to prevent constipation.
 - It is normal to take several days to make a bowel movement after surgery
 - Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well.
- Hydrocodone/Acetaminophen (Norco)
 - This is a narcotic medication for pain.
 - This medication is to be taken only AS NEEDED.
 - Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hours for the first 2-3 days.
 - After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol).
 - DO NOT exceed 4,000 mg of Acetaminophen in a 24-hour period.
 - DO NOT drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.
- Zofran (Ondansetron)
 - This is an anti-nausea medication.
 - It is a dissolving tablet – place it on your tongue, allow it to dissolve, and swallow.
 - Take this as needed every 4-6 hours for the first 2 days after surgery.

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- Ibuprofen (i.e. Advil/Motrin) – over the counter
 - As long as you have no personal history of adverse response to anti-inflammatories, use an over-the counter anti-inflammatory such as **Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours** with food to help swelling and pain in addition to the prescribed pain medication.

ACTIVITY

- Full weight bearing as tolerated in BRACE. Use crutches to assist with walking as needed.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do NOT place pillows under knee (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- If pain is tolerable, may return to sedentary work or school 3-4 days after surgery.

ICE THERAPY

- Begin icing immediately after surgery.
- Use icing machine for up to 20 minutes out of every hour until your first post-op visit.
- If you do not purchase an ice machine, please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit.
- If braced, loosen brace to avoid added pressure.

EXERCISE

- Formal physical therapy (PT) will begin within a week of your surgery. A prescription will be given to you. Please give the therapist the REHABILITATION form from our office, also located on my website.
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides and ankle pumps) unless otherwise instructed.
- Discomfort and knee stiffness is normal for a few days following surgery.
- It is safe and, in fact, preferable, to bend your knee (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first post-op visit
- Your motion goals are to have complete extension (straightening) and 90 degrees of flexion (bending) in the first 4 weeks.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).

FOLLOW-UP CARE/QUESTIONS

- Dr. Weber will call you (typically on your first day after surgery) to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 818-658-5930.
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours and ask for appointment scheduling at 818-658-5930.
- For any other questions or concerns please contact Dr. Weber via email (weberae@usc.edu), at the office (818-658-5930), or by cell (518-928-8389).

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****EMERGENCIES****

Contact Dr. Weber at the office (818-658-5930) or by cell (518-928-8389) if any of the following are present:

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

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.