

Discoid Meniscus- Post op



Pain:

You will have had an anaesthetic block.

This means it will feel numb, painless and a bit odd for around 6-12 hours. Some patients take until the next day for it to feel normal. As you begin to feel your leg, take some painkillers like paracetamol and or ibuprofen. Both together are very safe. Icing the knee is helpful for pain and swelling

Dressings:

You will currently be in a big bandage to get you lots of sympathy but also to absorb any blood that can ooze from the wounds. If you see some blood soaking through the dressings, don't panic! Rest with your legs higher than your bottom for a few hours and it should all settle.

The big bandages can come off in 48 hours at home (there is layer of crepe bandage and cotton wool. There will be adhesive dressings underneath and try and preserve those for 2 weeks. They may have some blood spotting, but don't worry about it. You don't need to change dressings regularly. You can remove these dressings in 2 weeks at home after wetting it in a bath or shower. There will be steri-strips (tape like material) on the wound, and this should come off too after wetting it. The stitch ends at the end of wound will fall off.

Physiotherapy:

The Physiotherapist on the ward will have already taught you some exercises to do at home. You must do these to ensure your muscles keep working while you rest. They will have also taught you how to walk with crutches or frame. There is no restriction usually after this surgery and you can put full weight through your leg and aim to get rid of crutches within 2-3 weeks.

Brace:

No Brace is needed after this operation, unless you have also had a meniscus repair along with trimming of discoid meniscus.

Follow-up appointments:

Your first follow-up appointment will be in 6 weeks with the surgical team. The subsequent follow-ups will depend on your progress thereafter. It may be that this is the only follow-up appointment you need.

Dos and Don'ts:

Don't go in a public swimming bath until 2-3 weeks.

Don't do high impact activity for 6 weeks minimum.

Problems:

Infection: If the wound gets infected (red, hot and swollen) at any time, contact my secretary / ward urgently as you may need a course of antibiotics. Sometimes we may have to get you admitted for Intravenous antibiotics. Very rarely, we may have to take you back to theatre to open the wound and wash the infection out.

Abnormal Sensation around the knee: This happens due to the nerves in the skin area being irritated or cut from surgery. This usually recovers on its own over several weeks or sometimes even months. This is a bit annoying but there is nothing to worry about.

Problems with meniscus tear: Your discoid meniscus is not a normal tissue. It will take a few months for it to become rounded and normal shape. It is vulnerable to tears during the first 4-6 months. If you get recurrent pain or locking of your knee (unable to straighten the knee or bend the knee), then you must contact the surgical team via the secretary.

Stiffness: Some stiffness in the knee is expected after this surgery and usually recovers over time and with physiotherapy. Arthrofibrosis (scarring of the inside of the knee) is a rare complication that can result in significant stiffness which may need prolonged physiotherapy, manipulation under anaesthesia or even revision surgery to break down the adhesions.

Quadriceps weakness: This is sometimes a problem due to initial muscle inhibition from pain and lack of exercises. This can cause you to not be able to fully actively straighten the knee. This requires a diligent exercise program especially at home and may take a few months to recover the strength back