

# Meniscus repair- 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 stitches if any, over the 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. You should hopefully get your physiotherapy outpatients appointment in 3 weeks' time and your exercise regime will progress from thereon. It is vital that you do your exercises as this surgery particularly, results in significant quadriceps wasting (the big muscle in the front of your thigh).

You will also be restricted with weight bearing on the operated leg and will be using crutches /frame over the first 6 weeks.

## **Brace:**

You will be in brace with hinges after the operation. This is to restrict the bend in the knee and the physiotherapist will guide you as to adjust the little knobs on the hinge to gradually increase the bend in the knee over 6 weeks.

## **Follow-up appointments:**

Your first follow-up appointment will be in 6 weeks with the surgical team. The later follow-ups will usually be at 3 months and then at 6 months and longer if needed.

## **Dos and Don'ts:**

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

Don't do high impact activity until your physiotherapists gives clear instructions around this.

## **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.

**Recurrence:** Meniscal tears may take longer to heal or may not heal at all depending on the type of tear and location of the tear. The tears that are in the periphery have better blood supply and are more likely to heal. Tears heal better in younger children. If the tear doesn't heal, it may continue to be painful. The stitch that we put in to hold the meniscal tear may eventually snap and the meniscal tear may flip back into the joint causing pain, locking and clicking. This may require revision surgery.

**At revision surgery, decision may have to be made about repeat stitching or simply take the torn meniscus out. Meniscus is particularly important for long term knee function and every effort will be made to preserve as much meniscus as possible.**

**Stiffness:** Some stiffness in the knee is expected after this surgery and usually recovers over time and with physiotherapy.

**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.