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Meniscal Repair

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*****NAME***, CCMA, 785-823-2215**



Day of Surgery

How long will I be here?

- Estimation of surgery: 1-2hours
- In the facility about 4-5 hours
- We recommend your significant other or ride be here as your surgery is finishing in order for the surgeon to discuss findings

What will happen in recovery?

- You will wake up with a dressing and an ice bag placed on your knee.
- While in the recovery room, you will receive your prescription for any medication that you will need.
 - **Norco** or **Percocet** for pain.
 - At home if you are having any adverse reactions, please call Dr. Horinek's office.
 - Medication refills can occur the following ways
 - Contact Danielle with Dr. Horinek's office at 785-823-2215

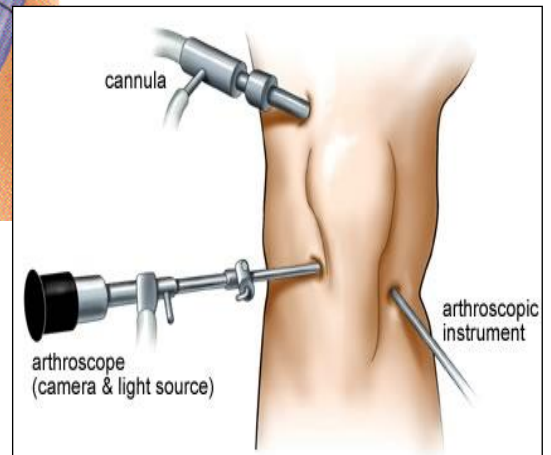
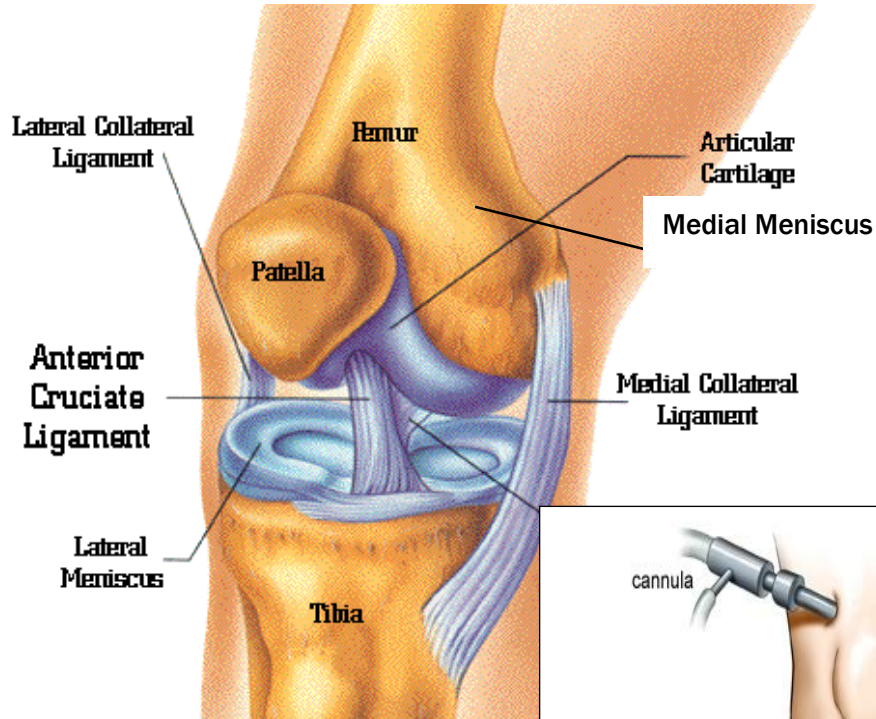
Knee Anatomy

- The bones that make up the knee are the Tibia, Fibula, Femur and the Patella.
- Ligaments attach bones to bones. The anterior cruciate (ACL) and the posterior cruciate (PCL) ligaments are attached to the tibia and femur. The medial collateral (MCL) ligament and the lateral collateral (LCL) ligaments are additional ligaments adding stability to the knee joint.
- Menisci are discs that fill the spaces between the rounded edges of the tibia and femur. These discs aid in lubrication and nutrition of the joint, help the ligaments to stabilize the knee, and act as shock absorbers by improving weight distribution over the tibia. The menisci have blood supply to the outer 1/3, but are avascular (no blood supply) in the inner 2/3.



MENISCAL REPAIR SURGERY

Meniscal repair surgery begins with an arthroscopic examination of the knee for any damage to the cartilage and to inspect the menisci. This surgical technique uses three very small incisions of ¼ inches in length to create “portals” into the knee. A fiber-optic light source illuminates the inside of your knee and a video camera feeds an image to a monitor so the surgeon can see inside the knee. A sterile saline



solution is continuously pumped through the knee via a cannula so the operative field is always clear.

After the knee is examined and Dr. Horinek determines whether the meniscus is repairable, an incision will be made on the side of your knee (medial or lateral depending on the side of the meniscus tear).



Once the sutures have been placed and any additional damage has been addressed, the incisions are closed and a sterile dressing is used to cover the knee.



First Week Expectations

How much pain am I going to have after surgery?

How much pain am I going to have after surgery?

- Pain is individual. Some people have very little pain while others have significantly more. Below are some strategies to effectively manage the pain.
 - It is recommended you take your pain medication as prescribed in the first week. Pain medication is not as effective on spiked pain.
 - Ice is a natural analgesic: ice for the first 7 days to control pain and swelling then 20-30 mins 6 times per day for the first full week.
 - Stay down in bed as much as possible for the first 3 days with your knee elevated above the level of your heart in order to avoid swelling and increased pain. It is ok to be up for short periods to stretch your legs, go to the restroom, or get food.
 - Maintain leg control by contracting your thigh muscle when you go to move the leg.

Other considerations related to pain management.

What are the side effects of general anesthesia and pain medication?

- Some pain medications have side effects causing constipation. Take over-the-counter stool softeners or laxatives if needed. Drink at least 8 glasses of water a day during the first couple weeks following surgery.
- General anesthesia can cause nausea in some patients. Start with liquids when you get home and slowly work up to solid food.

Preventing blood clots

- Blood clots after arthroscopic surgery are rare. Unless you have a history of blood clots or other risk factors you will not be prescribed a medicine to thin your blood.
- Move your ankles back and forth several times per hour when lying down and awake to keep the circulation moving within your legs.

How long am I on crutches?

6 weeks- with no weight-bearing on the affected leg.

How long am I restricted to 90 degrees of flexion?

4-6 weeks.

When can I return to work?

When can I return to work?

- The recovery period from knee meniscal repair varies for each individual.
- Your time away from work will depend upon your job tasks and the availability of light duty for the first couple of weeks.
- Most people can return to a desk job within a week or two.
- If your job is strenuous and requires a lot of time on your feet and /or heavy lifting you may require a longer time off work.
- Full recovery to return to very strenuous jobs will take 3-4 months.

When can I return to sport?

- Full recovery and return to all sporting activities without restriction will take 3-4 months. The best way to ensure the fastest recovery is to follow your rehab program diligently.

Should I walk with the cold cuff on?

- **No**

When do I complete my home exercises?

- Start the exercises the day of surgery however if they are too painful start the following day. Complete your home program 6 times per day followed by icing. If it becomes too painful then back down on the number of times that you perform them.

What if I suspect an infection?

- Call Dr West/Widmer's office / doctor on call immediately
 - Fever 101 degrees F
 - Redness and profuse swelling
 - Intolerable pain

801-



- Nausea
- Pus or smelly discharge from an incision

When can I shower?

- You may **shower** after 48 hours, but no more than 3 times the first week. Remove the large gauze bandages and TED hose, but **leave the steri-strips in place**. You may apply waterproof dressing over small, clean gauze pads and steri-strips. **Do not soak the knee at any time.**
- Shower quickly but You may shower 72 hours after surgery
- Remove dressing, allow water and soap to wash over incision but do not scrub, and blot incisions with a towel to dry.
- It is very possible you may become light-headed while showering. For your safety, please have someone nearby to assist you while you shower.

What if I suspect an infection?

- Call Dr. Horinek's office immediately 785-823-2215
- Possible signs of an infection include fever of 101 degrees F or greater, redness and increasing swelling, pus or smelly discharge from an incision

When is my first postoperative visit?

- Your first visit with Dr. Horinek will be 2 weeks after surgery.

When do I begin physical therapy?

- Physical therapy will begin either 2 or 6 weeks after surgery. If at your 2 week followup appointment your knee is stiff, you may begin therapy at that time. If it is not stiff then we will wait until 6 weeks after surgery when some of your restrictions are lifted to begin therapy.
 - ✓ Sutures will be removed.
 - ✓ An X-Ray will be taken, and reviewed in Dr. West/Widmer's clinic.
 - ✓ Your physical therapist will design an individual rehabilitation program according to your objectives and personal goals.

The timeframe for return to competition is based on the type of ACL graft, amount of swelling control, and return of adequate strength and motion. Patient compliance to the rehabilitation program is a strong predictor for recovery period. Every individual recovers at his/her own rate but expect a timeframe of 5-9 months from the date of surgery.

Phase 1 Exercises

Heel Slide

Sitting with your back supported, pull your foot towards your rear. Assist stretch with hands or towel. Hold for 5 seconds, then bend a little bit farther and hold for another 5 seconds then relax. Repeat 15 times, 6 times per day.

Heel Prop

Lie on your back, prop heel up on a rolled towel or pillows. Heel must be high enough so your calf and thigh are off the ground. Hold for 10 minutes, 6 times per day and whenever sitting.

Toe Pull

Sitting, wrap a strap around your foot and pull back with one hand straightening the knee to the point the heel lifts off. Stabilize your thigh by pressing your other hand downward on your thigh. The knee should never lift off of the table. Hold for 5 seconds, let go of strap and squeeze your quad/thigh muscle and try to keep heel off table for another 5 seconds. Repeat 10 times, 6 times per day.

Quad Set

Phase 1 Exercises

Begin exercises the day of surgery if possible. If the knee is too uncomfortable to tolerate this then begin the following day. You may adjust the number of repetitions if they are too painful.

Heel Slide

Sitting you're your back supported, you're your foot towards your bottom. Assist stretch with hands or towel. Hold for 5 seconds, then bend a little more and hold for another 5 seconds then relax. Repeat 15 times, 2 times per day.

Heel Prop



Lie on your back, prop heel up on a rolled towel or pillows. Heel must be high enough so your calf and thigh are off the ground. Hold for 10 minutes, 2 times per day.

Toe Pull

Sitting, wrap a strap or belt around your foot and pull back with one hand straightening the knee to the point the heel lifts off. Stabilize your thigh by pressing your other hand downward on your thigh. The knee should never lift off of the table. Hold for 5 seconds, let go of strap and squeeze your quad/thigh muscle and try and keep heel off table for another 5 seconds. Repeat 10 times, 2 times per day.



Quad Set

Tighten thigh muscle while pushing your knee down into the towel. Heel should lift from surface if pressing hard. Hold for 5 seconds then rest for 5 seconds and repeat. Perform 10 times, 2 times per day.



Straight Leg Raise

Sit with back supported, or lay down. Tighten front thigh muscle, pull toe back toward you, then lift leg 8-10 inches off surface. Pause at the top and slowly lower to start position. Repeat 15 times, 2 times per day



How to Use Crutches

Crutch Rental

You will be limited to toe-touch weight bearing for 4-6 weeks (foot can rest on the ground but no stepping on the operative limb). Crutches are to be used for comfort and to improve safety. Dr. Horinek will tell you when you may begin to place weight on your leg and when you may eventually stop using your crutches.



Walking with Crutches

1. You should bear the weight on your hands and not lean on the crutch pads at the armpits when walking.
2. Place crutches forward first.
3. Move your injured leg forward with the crutches, without putting weight down.
4. Step through with healthy leg.
5. Go slowly at first.

Going Up Stairs

1. Approach step closely.
2. Place your healthy leg up on the step – keep your injured leg and crutches on the ground.
3. Place your weight on your healthy leg and step up.
4. Bring the crutches and surgical leg up to same step.

Going Down Stairs

1. Approach edge of stair closely, and place weight on healthy leg.
2. Lower crutches and step down leading with the involved leg.
3. Shift your weight to the crutches and injured leg.
4. Carefully place your healthy leg down on the step.

REMEMBER: UP WITH THE GOOD...DOWN WITH THE BAD

Sitting Down

1. Place the crutches in one hand, and grab the armrest with your other hand.
2. Use the chair and your crutches to lower yourself into the chair slowly.
3. Allow your injured knee to bend as tolerated.

Standing Up

1. Move to edge of the chair, and place the crutches in one hand.
2. Grasp both crutches with one hand and grasp the armrest with the other hand.
3. Carefully push yourself into a standing position using crutches, chair and legs.

KEY POINTS

1. Make sure you have heard from the Surgical Center or hospital the afternoon prior to surgery to know what time to report.
2. Do not eat or drink anything after midnight the night before surgery.
3. Arrive on time for surgery with paper work filled out.
In recovery room your medication prescriptions will be given. If you need further assistance with medications contact ***NAME*** at 785-823-2215
4. First 4-7 days after surgery stay in bed with ice on.
5. Avoid swelling by avoiding extra getting up and down
6. Call MD if you have signs of infection
7. Compliance with exercises to help with recovery.

Tighten thigh muscle while pushing your knee down into the towel. Heel should lift from surface if pressing hard. Hold for 5 seconds then rest for 5 seconds and repeat. Perform 10 times, 6 times per day.

Straight Leg Raise

Sit with back supported, or lay down. Tighten front thigh muscle, pull toe back toward you, then lift leg 8-10 inches off surface. Pause at the top and lower slowly to start position. Repeat 15 times, 6 times per day.