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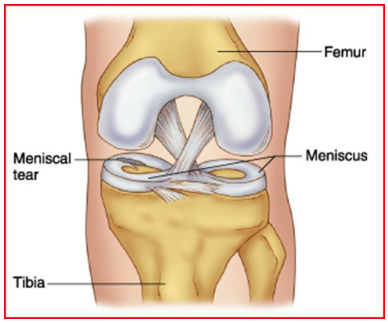
Patient Information Sheet: Knee Arthroscopy - Meniscectomy

Dedham Office: 617-264-1100 Waltham office: 781-890-2133

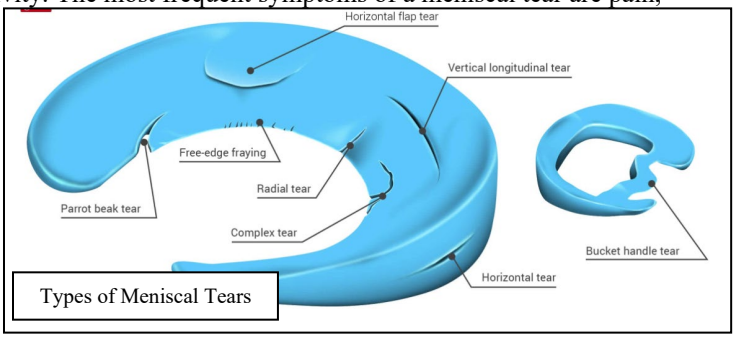
This is a general information packet for patients undergoing knee Arthroscopy. This is just a starting point, all patients are different. More specific instructions will be provided during provider encounters.

Arthroscopic surgery involves using a video camera and small instruments through small incisions to see the anatomy of the knee joint. The video camera allows us to visually inspect the knee joint and evaluate knee ligaments, meniscus and articular cartilage. With instruments as small as dental utensils we can treat specific knee problems such as meniscal tears or cartilage injuries. The most common disorder treated with arthroscopy are meniscal tears. The meniscus is a C shaped piece of cartilage that can be found sandwiched between the thigh bone (Femur) and the shin bone (Tibia). This cartilage can be found in the outside (lateral) and the inside (medial) of the knee joint. The most basic purpose of the meniscus is to act as a shock absorber for the knee joint.



Meniscal Injury:

The meniscus can be injured both acutely and chronically. Acute injury to the meniscus most often occurs during sports or activities that stress the knee joint such as twisting and rotation movements. Often patients will feel pain immediately after the initial event and the knee will swell within the next 24 hours. Chronic or degenerative tears may not have a clear defined origin. The patient may have swelling and pain during or after activity. The most frequent symptoms of a meniscal tear are pain, swelling, giving way, locking or catching.

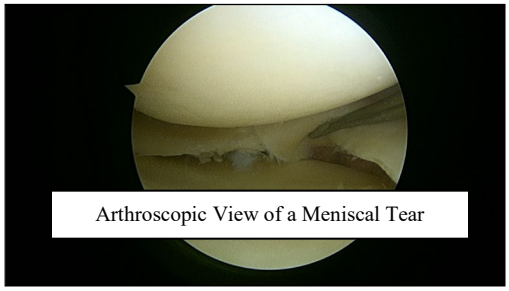


Types of Meniscal Tears

Your orthopedic surgeon will evaluate your leg for a meniscal tear. An MRI may be used to further demonstrate the torn meniscus and reveal other associated injuries. Once a symptomatic tear is confirmed, arthroscopic surgery may be discussed.

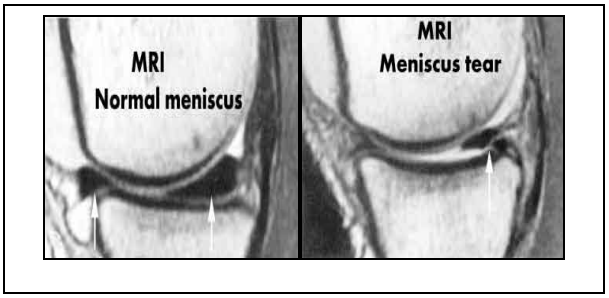
Your surgeon may recommend a partial menisectomy [men-esec-tomy]. During this arthroscopic procedure, the torn portion of the meniscus is removed. While removing the torn portion of the meniscus, we try to preserve as much of the meniscus as possible in order to maintain the cushioning effect provided by this cartilage.

The blood supply to the meniscus is generally poor. With out the heeling power of blood, repair of the torn tissue in general can be limited. To repair or remove the torn tissue may be an interoperative decision based on numerous conditions such as tear pattern and location. Variables such as patients age are also taken into consideration. In addition, methods of repair can vary by tear type. A tear of the root, or supporting structure of the meniscus often involve tunnels through the bone and stitches tied to a screw in the tibia. Less severe tears my simply require small plastic anchors and stitches.


Arthroscopic View of a Meniscal Tear

Most patients experience full relief from removing the torn cartilage; however the articular cartilage often dictates the recovery**. If there are degenerative findings at the time of surgery recovery may be delayed and 100% recovery may not be possible.** As with any surgical procedure, there are risks to knee arthroscopy. Although extremely rare these risks include but are not limited to **infection and blood clot formation, bleeding, Re-tear.**

Pre-Surgery:



Before surgery, patients are instructed to continue to be as active as the knee permits **excluding participation in sports**. The following are specific instructions leading up to arthroscopic knee surgery.

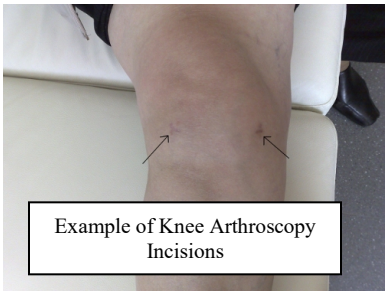
- Anti-inflammatories such as ibuprofen or aspirin must be stopped 7 days prior to surgery. Utilize ice, elevation and Tylenol as per box dosage recommendation to control pain and swelling during this period
- On the night before surgery:
  No food or liquids after 12 am
- On the morning of surgery you may take your daily pills with a sip of water
- Your surgery time will be confirmed the day before the surgery by either:
  - Boston Outpatient Surgical Suites (BOSS): 781-895-4901
  - New England Baptist Hospital (NEBH): 617-754-5800
  - The original time may be adjusted based on patient needs and equipment availability
- Patients should bring their "Patient Passport Folder" MRI and X-rays to the surgery
- If your surgery is done at our Waltham facility (BOSS), the person who is accompanying you is welcome to a free one-day gym pass

Surgery:

The length of the procedure is approximately 20-45 minutes. This may be longer depending on whether there are other associated injuries and extent of surgery. Your nurse will bring you into the pre-op area where you will have an IV placed and meet with your anesthesiologist. General anesthesia is utilized to assure a comfortable surgery. Most patients will have a small tube placed in their windpipe called an LMA (Laryngeal Mask Airway); formal intubation may not be required. This means that you will be "asleep" and completely unaware of the surgery until you wake up in the recovery area. Local Analgesia is used as well during the surgery

Post-Surgery:

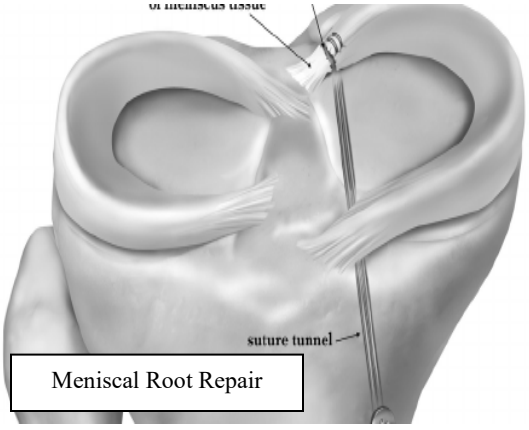
After the surgery is completed, you will awaken in the operating room and be moved to the recovery area. After surgery, most patients generally recover smoothly and have minimal pain due to local pain medication that is used at the completion of the surgery.


Example of Knee Arthroscopy Incisions

- A pain medication prescription will be provided prior to discharge. You may take the prescribed medication as directed. You should expect to experience minimal to moderate knee discomfort for several days and even weeks following the surgery. Patients often only need prescription narcotics for a few days following the surgery and then switch to over-the-counter medications such as Tylenol or Ibuprofen.
- Sutures will be used to close the portal sites, These will ne removed at the Post-op apt.
- Ice bags and elevation should be utilized to decrease swelling and pain. Ice should be applied to the knee up to three times a day for 20 minutes until swelling subsides
- If you should experience the onset of calf pain during the post-operative period please call our office or head to your local emergency room as this may be a sign of a blood clot. If you should experience shortness of breath or trouble breathing, call 911 and go directly to the Hospital.
- You should be comfortable walking independently with crutches before leaving the hospital or surgery center. You will be able to put as much weight as tolerated on your leg.
- If the bandage is draining, reinforce it with additional dressings for the first 24 hours. After 24 hours, remove the bandage and place band aids over the incision sites. Showering is acceptable at this time. Do not submerge or scrub the knee.
- Rehabilitation starts the day of surgery. See exercises at end of packet. Set aside 3-4 times a day for range of motion and exercise strengthening program. **Make an appointment to start physical therapy prior to the surgery or during post-op week 1**.

- Take one 325 mg (full strength) aspirin daily for 14 days (unless otherwise instructed or allergic) to prevent blood clots.
- Follow up with Dr. McKeon or Jason Rand PA-C within 2 weeks from the date of surgery
- Eat a regular diet as tolerated and please drink plenty of fluids.
- First post-op appointment is 10-14 days for suture removal
- You may drive once you establish control of your operative extremity. If your right knee was operated on, this may take approximately 3-5 days to achieve. Only drive when you feel comfortable and safe and are free from narcotic pain medicaiton
- Call office for Temperature >102 degrees, excessive swelling, pain or redness around incisions.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).
- *Meniscal Repair*: If your meniscus was repaired during the surgery, your rehabilitation will be slightly altered. In addition, moethods of repai can be very different based off of tear pattern and thus post-op instruction is often customized. In general:
    1) Maintain only 50% of your normal weight through you leg and utilize crutches for 6 weeks.
    2) Brace instructions: Brace must be locked in extension until quadriceps control is good. Once this is achieved, you may unlock the brace with ambulation. For 4 weeks post-op, wear the brace unlocked when out of the house.

Arthroscopic view of a Meniscal Repair



Meniscal Root Repair

It is important to note that osteoarthritis or cartilage degeneration may lengthen the time to full recovery and 100% recovery may not be possible. A knee with osteoarthritis may require cortisone or Synvisc injections post-op to aid in the post-op recovery

For further information or if you have questions in regards to the above information or your peri-operative care please call our office.

Boston Sports & Shoulder Center

Post-op Rehabilitation Protocol – Partial Menisectomy

Progression through the phases of rehab is based on functional criteria rather than simply duration of time from surgery.

Phase 1 (Week 0-1):

Goals: Minimize effusion, Full range of motion, Initiate isotonic CKC exercises, Normalize gait pattern/balance and proprioception abilities.

Treatment plan:

1) Swelling Control with ice and compression wrap
2) Progress towards full range of motion
3) Initiate quadriceps and hamstring muscle activation and general leg control
   - Quad setting, SLR, heel slides, isometric hamstring/quadriceps contraction
   - Ankle pumps
4) WBAT with crutches
5) Electrical stimulation to quadriceps muscle

Phase 2 (Weeks 1-3):

Goals: Progress quadriceps/hamstring strengthening, independent mobility

Treatment plan:

1) Independent ambulation
2) Continue with swelling control
3) Progress strengthening
4) Balance and Proprioception: Single leg stance/weight shifting

Phase 3 (Weeks 3-5):

Goals: Full lower extremity strengthening/conditioning program, Full activity in gym

Treatment plan:

1) Progress CKC strengthening – lunges/ reverse lunges/ single leg squats
2) Full ROM – Full revolution on bike
3) Progress dynamic balance training
4) Sports specific strengthening and conditioning

Should you have any questions or require further information please contact us at our designated Physical Therapist Email: Dr.McKeonPTlink@gmail.com

Boston Sports & Shoulder Center

Post-op Home Exercise Program

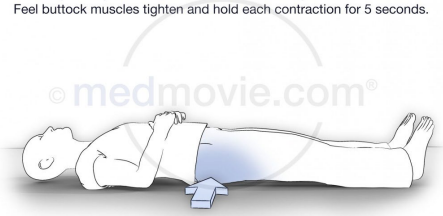
Please perform these exercises at home from the time of discharge until formal physical therapy is initiated.

Ankle Pumps

Bend ankles to move feet up and down, alternating feet.

Gluteal Set

Keep legs straight and squeeze your buttocks together.
Feel buttock muscles tighten and hold each contraction for 5 seconds.



Quadriceps Exercise:
Sit with your leg straight and supported on the floor or a firm bed.
Tighten the muscles on top of your thigh by pressing the back of your knee flat down to the floor.
Hold for about 6 seconds, then rest for up to 10 seconds.
Do 10 repetitions several times a day.

Straight Leg Raise:
Lie on your back with your good knee bent so that your foot rests flat on the floor. Your injured leg should be straight. Tighten the thigh muscles in the injured leg by pressing the back of your knee flat down to the floor. Hold your knee straight.
Keeping the thigh muscles tight, lift your injured leg up so that your heel is about 30 centimetres off the floor.
Hold for about 6 seconds and then lower slowly.
Do 10 repetitions, 3 times a day.

Brian McKeon, MD
Jason Rand, PA-C

HIBICLENS SCRUB

IN AN EFFORT TO MINIMIZE THE RISK OF INFECTION, IT IS IMPORTANT THAT YOU WASH WITH THE HIBICLENS WASH ***THE NIGHT AND MORNING BEFORE YOUR SURGERY.***

WE HAVE PROVIDED YOU WITH THE 15ml WASH.

INSTRUCTIONS WHEN YOU SHOWER

1. If you plan to wash your hair, do so with regular shampoo, then rinse hair and body thoroughly to remove residue.
2. Wash your face with regular soap and water
3. Thoroughly rinse your body with warm water from the neck down.
4. **APPLY THE HIBICLENS WASH AS YOU WOULD ANY OTHER LIQUID SOAP TO THE FRONT AND BACK OF THE KNEE.** ***ALLOW TO SIT FOR 2 MINUTES. WASH GENTLY***.
5. Rinse thoroughly with warm water.
6. *DO NOT use regular soap after that*.
7. *DO NOT apply lotion or deodorant after the HIBICLENS wash.*

WARNINGS:

- HIBICLENS is not to be used on head, neck, or face. Keep out of eyes, ears, and mouth
- HIBICLENS is not to be used in the genital area
- HIBICLENS is not to be used on wounds
- HIBICLENS is not to be used if you are allergic to chlorhexadine gluconate or any ingredients in this preparation
- See HIBICLENS label for full product information and precautions

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