

Nikhil Verma, MD
Lauren Rooney MMS, PA-C
Nathaniel Davidson MS, PA-C
Mara Weaver, MS, PA-C

1611 W. Harrison, Suite #300
Chicago, IL 60612
Vermapa@rushortho.com
Fax: 708-409-5179

www.sportssurgerychicago.com

MIDWEST
ORTHOPAEDICS
at RUSH



POSTOPERATIVE INSTRUCTIONS

MENISCUS INSIDE-OUT / ROOT REPAIR

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or Dr. Verma's Physician Assistants supersede the instructions below and should be followed.**

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 and ankle occurs
- It is normal for the knee to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry until the first post op visit following surgery – you may shower by placing a large plastic bag over your brace beginning the day after surgery. NO immersion of the operative leg (ie: bath or pool).
- Wait until your first post operative appointment to have Dr. Verma's team remove the surgical dressing
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed **at least 10-14 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.
- *If you are told by the team that you have a “sylke dressing” or piece of white tape over the incisions, then the surgical dressing may be removed on post op day 3. The white tape may get wet in the shower beginning post op day 3. Please keep the white tape on and we will remove it at the post op visit. If you are unsure about the dressing, please contact the team to confirm.*

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.

- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle. Please do not take additional Tylenol or Acetaminophen because the prescribed pain medication contains acetaminophen.
- For 2 weeks following surgery take one aspirin daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Use crutches to assist with walking. Following meniscus repair the patient is **touch down weight bearing with crutches for 4-6 weeks**.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

BRACE

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise instructed after the first post-operative visit.
- Remove brace for flexion (bending) and other exercises done in a non-weight bearing position (i.e. lying or sitting).

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- 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 to bend your knee in a non-weightbearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and up to 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins following your first post-operative clinic appointment. A prescription and protocol will be provided at your first post-op visit.

EMERGENCIES**

- Contact Dr. Verma's Physician Assistants at Vermapa@rushortho.com if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain
- The PAs are available by email during business hours (M-F 8 am – 5pm)
- If you have an emergency **after office hours** or **on the weekend**, contact the office at 312-432-2390 and you will be connected to our pager service. Press 0 and this will connect you with the Physician on call. You can also call Rush University Medical Center at **312-942-5000** and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 708-236-2701 to schedule.
- Typically the first post-operative appointment following surgery is 10-14days following surgery and will be scheduled with one of the Physician Assistants. This will be for suture removal, going over physical therapy protocols and answering questions about the procedure
- If you have any further questions please contact the Physician Assistant's directly at Vermapa@rushortho.com