Post Operative Instructions after Partial Meniscectomy/Chondroplasty
Helpful Hints & Important Precautions for Patients

Diet

- You may resume clear liquids and light foods after surgery (jello, soup, etc.)
- Progress to your normal diet as tolerated as long as you are not nauseated.

Medications:

- During surgery I will often inject a numbing medicine like novocaine that will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off.
- This first medication I use is Norco which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Normally, Norco is taken 1 pill every 6 hours but if the pain is severe, it can be used 2 pills every 4 hours.
- Common side effects of the medication are nausea, constipation, itching, and drowsiness.
- The best way to prevent nausea is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. I also prescribe an anti-nausea medication called Zofran (Odansetron) to be taken if you have persistent nausea after surgery.
- You will also be given a prescription for Naprosyn which is a strong anti-inflammatory medication. Take this twice a day with food in addition to the Norco. Both medications work synergistically in pain relief.
- I strongly recommend you take an over-the-counter stool softener starting the day of surgery such as Colace 100 mg 1 tablet a day and/or a laxative such as Sennokot DS 1 tablet a day to avoid constipation.
- Take Benadryl one half hour before your narcotic if you experience itching.
- Do not drive or operate heavy machinery while taking Norco or other narcotics.
- You should take 325 mg Enteric coated Aspirin once a day for two weeks to help prevent blood clot formation.
- Transition to Tylenol as your pain subsides, but pay attention to the dosage as Norco has 325 mg of Tylenol in each pill. Patients with normal liver function should not consume more than 4000 mg of Tylenol per day.

Bandages & Sling:

- Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. Your incisions were closed with absorbable stitches that are covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until I see you at your first post-operative date.
- The second layer is a large white fluffy dressing and ABD pads that are loosely held in place with tape and the overlying compression stocking.
- Unless directed otherwise, remove this second layer of dressing 2 days after surgery and place band-aids over the steri-strips. After changing the dressing replace the compression stocking.
Occasionally, there will be a small amount of blood in this dressing which is nothing to worry about, however if you see a lot of bleeding please call Dr. Sablan.

Keep the compression stocking on at all times aside from showering until the first post-operative visit.

Occasionally the compression stocking can irritate the skin around the thigh. If this is the case, take scissors and release the elastic portion at the top of the stocking.

**Washing & Bathing:**

- You should be careful to keep the wound clean and dry for the first 48 hours after surgery.
- Beginning on the second day after surgery it is OK to shower as long as the incisions are kept dry with plastic wrap. Remove the wrap after showering and replace your compressive stocking.
- Do not take a bath until after the first post-operative visit.
- It is OK to go into a swimming pool after the first post-operative visit, but no lakes or ocean until two weeks after surgery.

**Ice & Activity:**

- One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice. This is most important during the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the area of your surgery. Apply for 15 minutes every hour if possible.
- You may put weight on the operated leg as tolerated.
- I give you crutches for safety purposes. If you feel stable and comfortable you do not need to use them.
- Do not place pillows under the operated knee as this can lead to stiffness.
- Place a towel roll under you ankle and tighten your thigh muscles to get your knee to straighten out. This is very important and should be done at least four times a day for twenty minutes if tolerated.
- Move your ankle back and forth many times during the day to help your circulation.
- You may return to sedentary work only or school in 3-4 days after surgery if your pain is tolerable.
- Avoid long distance traveling in cars or by airplane during the first week after surgery to avoid increasing your risk of developing blood clots.

**Physical Therapy**

- The goal of physical therapy is to first assess how your body responded to the surgical procedure. They help you feel comfortable with your surgery and make sure you aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit.
- You will start physical therapy after your first post-operative visit.

**Follow up appointment:**

- We try to give all of our patients a follow-up office visit at the same time we schedule your surgery.
Typically I want to see my patients in the office 5 to 10 days after surgery.

FOLLOW UP APPOINTMENT: ______________

What to watch out for:

☐ Pain that is increasing every hour in spite of the pain medication
☐ Drainage from the wound more than 2 days after surgery
☐ Increasing redness around the surgical site
☐ Pain or swelling around your surgery
☐ Fever greater than 101.5 degrees.
☐ Unable to keep food or water down for more than one day.