



DR. HEINRICH – POST OPERATIVE INSTRUCTIONS

ARTHROSCOPIC MENISECTOMY/CHONDROPLASTY

DIET - Begin with clear liquids and light foods. Progress to your normal diet if you are not nauseated.

WOUND CARE- Maintain your operative dressing, loosen the 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 dressing, do not become alarmed- reinforce with additional dressing/ACE wraps.

To help avoid infection, keep surgical incisions clean and dry- **you may shower by removing the dressing starting 2 days after surgery**. You may allow incision to get wet but do not submerge the incision underneath the water. NO soaking or scrubbing of the operative leg (i.e., bath)

MEDICATIONS- Pain medication is injected into the incision and joint during surgery- this will wear off in 8-24 hours.

Most patients will require some narcotic pain medication for a short period of time. This should be taken as directed on the bottle. Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take medication with food. If constipation occurs, take an over-the-counter laxative. You are also given a medication for any nausea/vomiting called Zofran or Phenergan. You may take this if needed. If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.

Ibuprofen 200-400mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the post operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage. It is ok to take both the narcotic pain medicine AND the Advil at the same time but be sure to keep them on separate schedules. Ibuprofen can be taken every 8 hours while the narcotic is usually taken 4-6 hours.

Do not drive a car or operate machinery while taking the narcotic medication.

ACTIVITY- Elevate the operative leg above the level of your heart whenever possible to decrease swelling. Do not place pillow under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle.



Use crutches to assist with walking – YOU MAY PLACE FULL WEIGHT ON AFFECTED LEG unless otherwise instructed by Dr Heinrich. Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over 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. You may return to sedentary work **ONLY** or school 3-4 days after surgery, if pain is tolerable.

ICE THERAPY- Begin immediately after surgery. Use icing machine continuously or ice packs (if machine not prescribed) a total of 6-8 hours a day. Make sure there is a barrier (dishtowel or sweatpants) covering the skin when icing. If using the ice machine, make sure to remove the ice pack to check the skin for any issues. In general, a total of 6-8 hours a day is preferable. You may ice 6-8 hours a day until your first post-operative visit – remember to keep leg elevated to level of your heart while icing.

EXERCISE- Begin exercises 24 hours after surgery (straight leg raises, heel slides, and ankle pumps) unless otherwise instructed. Discomfort and knee stiffness is normal for a few days following surgery - it is safe and in fact, preferable to bend your knee (unless otherwise instructed by Dr. Heinrich).

Complete exercises 3-4 times daily until your first post-operative visit- your motion goals are to have complete extension (straightening) and 90° of flexion (bending) at your first post-operative unless otherwise instructed.

Formal physical therapy (PT) will begin at your first post-operative visit and typically will be 1-2 times per week for a total of 6-12 weeks depending on your diagnosis and progress. We will give you a prescription for this preoperatively or on the day of your surgery or at your first post operative appointment.

EMERGENCIES – Contact our office at (214)265-3260 or you may reach or reach Dr. Heinrich directly at 214-326-9141:

- Painful swelling or numbness
- 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



- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

APPOINTMENTS

You will have your first operative appointment made by the surgery scheduler. This appointment is typically 10-14 days after your surgery. If you did not get an appointment made at the time you were scheduled for surgery it is your responsibility to call the office after surgery to make one in the appropriate time frame.

We appreciate you trusting us with your care. We know that surgery is a big deal and we are here to help you make it through so you can get back to doing what you enjoy!!!