



Knee Arthroscopy

Meniscus Surgery



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

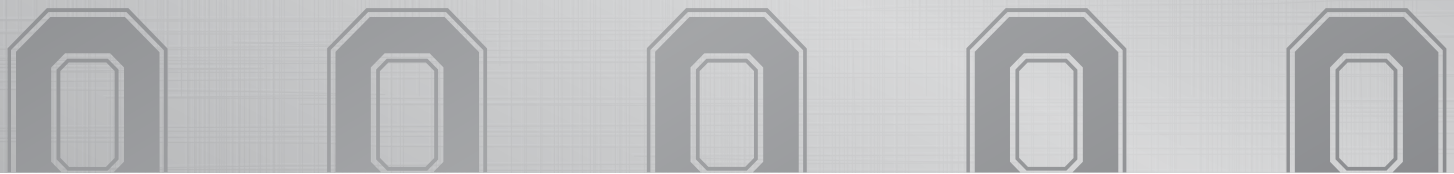


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For an electronic copy of this book, please visit go.osu.edu/pted4727.

Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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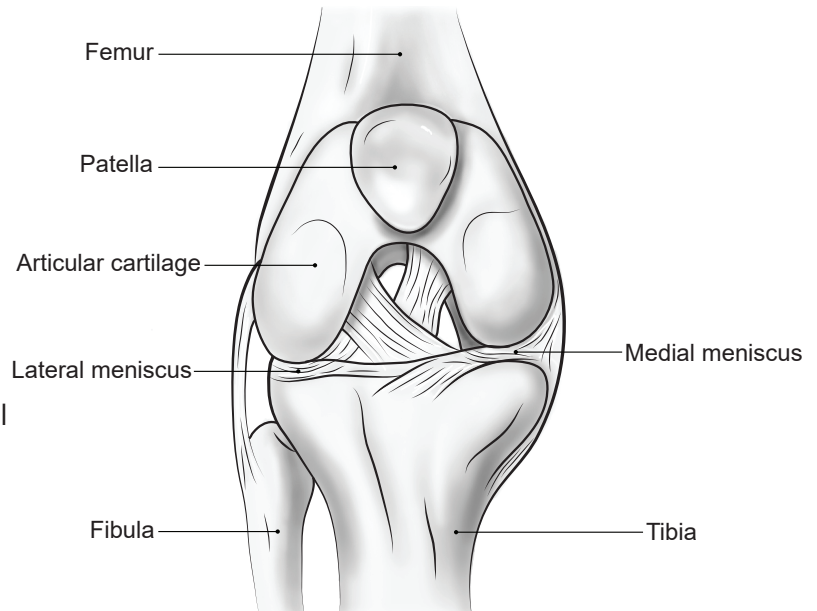
Knee Meniscus Surgery with Arthroscopy

Knee joint

Your knee is a hinge joint where the end of the thigh bone (femur) meets the top of the large shin bone in your lower leg (tibia). A healthy knee has smooth cartilage that covers the ends of the bones. The two bones glide smoothly as you bend your knee. The muscles and ligaments around the knee joint support your weight and help move the joint smoothly when you walk.

The C-shaped meniscus pads are special cartilage between the shin bone and the thigh bone that act as shock absorbers.

Damage to the meniscus can be repaired during a knee arthroscopy.

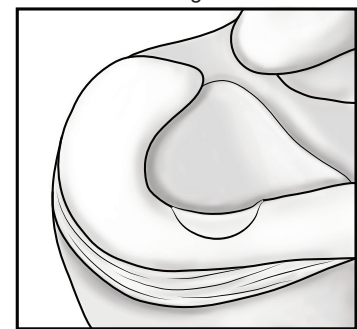


Knee arthroscopy for meniscus surgery

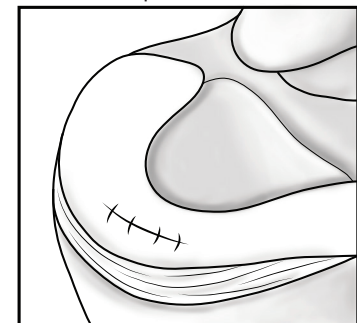
Knee arthroscopy is often done as an outpatient surgery. The arthroscope is a small tube that has a camera and light, so the doctor can see into the knee joint. The scope and other special tools are put in around your knee through 2 or 3 very small cuts. Your doctor can look at your knee and treat meniscus problems.

- Part of the torn meniscus is trimmed off, called a **partial meniscectomy**.
- A tear in the meniscus is sewn back together, called a **meniscal repair**.

Meniscus Trimming



Meniscus Repair



Preparing for Surgery

Review these instructions as soon as you get them, so you are well prepared for your surgery. You may need to stop or change certain medicines.

Weeks before surgery

- ❑ If you smoke or use other tobacco products, you need to stop 4 weeks before the surgery. You also need to avoid tobacco use for up to 8 weeks after surgery to help your wound healing. Talk to your doctor about a smoking cessation program.
- ❑ You will be scheduled to have a health assessment done by phone before your surgery. This will include a review of your current and past health conditions, your medicines and allergies. Based on your age and other issues, you may also need other tests, such as lab tests or an EKG to be sure you are safe to have surgery. During this visit, you will review the instructions you need to follow before your surgery. Have this book with you to ask any questions you may have after reviewing the instructions. Follow the instructions you are given if different than what is here.
- ❑ **If you need paperwork filled out for medical leave or disability**, bring it with you to your appointment. If the forms are dropped off, mailed, emailed, or faxed to your surgeon's office outside of your appointment time, there will be a \$25 charge, and you will need to allow 7 to 10 days to get the forms completed. If you have any questions, please call the surgeon's office.
- ❑ **If you take aspirin or medicines that contain aspirin**, ask your doctor if you need to take a different pain medicine before your surgery.
- ❑ If you are on blood thinners or antiplatelet medicines, please let your surgeon know in case the medicine needs to be stopped or changed before surgery. This includes medicines such as:
 - Arixtra (Fondaparinux)
 - Brilinta (Ticagrelor)
 - Coumadin (Warfarin)
 - Effient (Prasugrel)
 - Eliquis (Apixiban)
 - Fragmin (Dalteparin)
 - Lovenox (Enoxaparin)
 - Plavix (Clopidogrel)
 - Pletal (Cilostazol)
 - Pradaxa (Dabigatran)
 - Savaysa (Edoxaban)
 - Ticlid (Ticlopidine)
 - Xarelto (Rivaroxaban)

If you have a stent or you have had a blood clot, **talk to the doctor who placed the stent or treated your blood clot before you stop taking this medicine**. Your medicine may need to be changed or adjusted before surgery.

If your surgery date gets changed, and you had stopped or changed your medicine to prevent clots, call your doctor. You may need to restart the medicine while you wait for your surgery to be rescheduled.

- Do not take any herbal medicines 7 days before surgery** due to risk of bleeding. These include fish oil (Omega-3), garlic, aloe, burdock root, chamomile, huzhang, ginger, flaxseed, green tea extract, ginkgo, turmeric, ginseng and Glucosamine - Chondroitin.
- Stop taking multivitamin with Vitamin A and E 7 days before surgery.**
- Other medicine changes: _____

- As soon as you know your surgery date, call to schedule your first physical therapy appointment for after your surgery. Refer to your *Surgery Reference Sheet* for Ohio State locations and phone numbers. Select a location that will be most convenient for you. If you prefer a location other than Ohio State, contact them for an appointment.
- Call to complete your registration for surgery **3 to 10 days before your surgery date.**
- Arrange to have **a responsible adult to drive you to your surgery and take you home after.** You will not be allowed to leave alone for your safety. If you are taking a cab, bus, medical transport, or other public transportation, you still need to have another adult with you besides the driver. Please, only have 1 person stay during your surgery.
- Do not shave or pluck hair from anywhere near the surgical site for **7 days before surgery.**

Reminder calls before surgery

- You will receive 2 phone calls between 6:00 and 7:00 pm:
 - 4 business days before surgery to remind you of your upcoming surgery.
 - 2 business days before surgery to let you know what time you need to arrive for your surgery.

Evening before day of surgery

- **Shower the night before with CHG soap** as directed on pages 8 and 9. You also need to repeat the CHG shower the day of your surgery.
- If you have diabetes and take insulin, take your short acting insulin as normal the day before surgery. **Only take ____ units (80%) of your long acting insulin the night before surgery.**
- **Do not eat anything or chew candy, gum or mints after midnight the night before surgery.**
- You can drink a total of **20 ounces or 2 ½ cups of clear liquids between midnight and up to 2 hours before arrival time.** Clear liquids include plain water, apple juice, coke, sprite, Gatorade, Powerade, plain tea or coffee with no milk or cream.

Morning of surgery

Medicines

- **Do not** take any insulin or other diabetes medicines the morning of surgery.
- As directed:
 - Take all of your other routine morning medicines with a sip of water, only if tolerated on an empty stomach.
 - Only take** _____ on the morning of surgery with a small sip of water, if tolerated on an empty stomach. **Do not take** any of your other medicines on the morning of surgery unless directed by your surgeon.
- If you use inhalers, use all of your inhalers the morning of surgery. **Bring your inhalers with you to surgery.**

Personal hygiene

- Shower again with CHG soap as directed on pages 8 and 9. You will not be able to shower for 3 days after your surgery.
- Brush your teeth and rinse your mouth. Avoid swallowing toothpaste.
- **Remove all** nail polish, gel, artificial nails or overlays on your fingernails for the day of surgery or your surgery will be CANCELLED.
- **Do not** wear any jewelry, piercings, watches, rings, hairpieces, makeup, glasses or contact lenses the day of surgery.

Other notes

- Arrive on time for your appointment and have 1 adult with you to take you home after surgery.
- If you are a female, under the age of 60, you may be required to provide a urine specimen the morning of surgery.

Call to let us know

- If you have cold or flu symptoms, please call your provider before your scheduled visit.
- Please **call 614-366-0541 to update a nurse if you start any new medicines, if you are hospitalized or if you have a new medical condition diagnosed before your surgery date.**
- Please **call 614-366-0088 the day of surgery** if you have for any delay of arrival, cancellation or illness.

Sign up for text messages

If you would like to sign up for text messages for Ohio State appointment reminders, text OSUWMC to 622622. You will receive a response within a few minutes after sending to verify.

Your surgery location

Please arrive at your scheduled time to Suite 1100 on the first floor of the Outpatient Surgery Center at the **Jameson Crane Sports Medicine Institute** at 2835 Fred Taylor Drive, Columbus, OH 43202.

Pain Management

You should expect to have some pain after your procedure. Pain management is important for your recovery. Each person's pain may be different. Talk to your care team about ways to control your pain with or without narcotic medicine.

- Your primary care doctor is responsible to manage your pain until surgery.
- If you have been on narcotic treatment for pain before surgery, your pain will likely be more difficult to control after surgery. Talk to the doctor who ordered your narcotic medicine about cutting back or stopping your narcotic use before surgery.
- Patients treated by our doctors may only receive narcotic pain medicine from one provider.
- After surgery, you will be given a prescription for pain medicine, based on your surgery. Our doctors will manage your pain for about 6 weeks. If pain control is still a problem after that, you would be referred to the Pain Clinic or to your primary care provider.

Check with your insurance

Many insurance companies require prior authorization for narcotic pain medicine. If this applies to you, please allow 3 to 5 business days for the paperwork. Our office staff are not able to control the time line, but we will do our best to limit any delays.

Pain medicine refills

- Pain management will be addressed during your office or clinic visits.
- Be sure we have your correct pharmacy information. Only 1 pharmacy can be used for your pain medicine refills.
- Ohio law does not allow more than a 7-day supply of narcotic pain medicine.
- Should you need a refill between office visits, you must call during clinic hours only, and before noon on Fridays. We will address your request within 24 hours. We do not refill prescriptions at night, holidays or over the weekend.
- If narcotic pain medicine is still needed after 6 weeks, you will be referred to the Pain Clinic.

Side effects of narcotics

- Nausea or upset stomach
- Constipation
- Sexual dysfunction
- Depression
- Fatigue
- Increased sensitivity to pain
- Addiction and drug tolerance

Medicines should be stored safely, out of the reach of children or pets. Medicines should not be shared with others. Pain medicine should be taken as needed.

Getting Your Skin Ready for Surgery

Because germs live on everyone's skin, there is a chance of getting an infection when your skin is cut during surgery. To reduce the chance of infection, clean your skin with a special soap called **4% chlorhexidine gluconate or CHG**, sold by the brand name Hibiclens. You may be given or you will need to buy a 8-ounce bottle or larger. Ask your pharmacist where to find it in the drug store. It is often with the first aid supplies.

- **Do not shave for 1 week near the site for your surgery cut.** Shaving with a razor can irritate your skin and make it easier to develop an infection. If needed, the hair on the site will be trimmed with electric clippers before you go to the operating room.
- CHG soap does not bubble and lather like most soaps.
- Be careful not to get CHG into your eyes, nose, mouth, or ears. If you do, rinse well with clean water.

Shower with CHG as directed

Follow **the steps on the next page** for *How to shower with CHG soap*.

- **You need to take 2 showers using CHG.** Wash your whole body from the neck down with CHG soap the night before, and then again the morning of your surgery. Use 4 ounces (½ cup) of CHG soap each time you shower.
- Be sure to **wash for 5 minutes and pay special attention to your knee site where your surgery will be done.** Be sure to wash the back of your neck, under your arms, your belly button, private parts, and your legs down to your toes.
- **Do not scrub too hard.**

Please call your surgeon's office if you have any questions.

If you are not able to shower

If you do not have a shower or if you are not able to get into the shower, do a sponge bath with CHG soap instead.

1. First, bathe with a washcloth and regular soap. Rinse with clean water.
2. Wet a clean washcloth and apply ½ cup of CHG soap to your whole body from the neck down for 5 minutes. Pay special attention to the part of the body where the surgery will be done.
3. Rinse well with another clean washcloth and plain water.
4. Pat yourself dry with a clean, dry towel.

How to shower with CHG soap

1 Wash your hair as usual with your regular shampoo and then wash your body with regular soap.
Rinse well.

2 Wet a clean washcloth. Turn off the shower.

3 Apply some CHG soap to the wet washcloth.

4 Use the washcloth to wash your whole body **from the neck down**.
Keep adding more CHG and continue to wash for **5 minutes**.

5 Turn on the shower water and rinse your whole body well.

6 Pat yourself dry with a **clean** towel.

7 Put on **clean** clothes.

8 **Note:** On the **morning of surgery** when you finish showering, **do NOT** put on hair or skin care products, deodorant or make-up. **Do NOT** wear jewelry to the hospital or surgery center.

Tobacco and Wound Healing after Surgery

Quit before surgery

In order to heal well after surgery, you must quit using tobacco products. **Quitting at least 4 to 6 weeks before and up to 8 weeks after surgery** will help surgical wounds heal quicker and be less likely to get infected.

Tobacco use and surgery

- Tobacco can have 7,000 chemicals. Smoking hurts the function of special cells that help wounds heal and stop infection.
- Oxygen is needed for wounds to heal properly. Just 10 minutes of smoking can decrease the amount of oxygen in tissue for up to 1 hour! This means that a person who smokes 20 or more cigarettes each day has very little oxygen getting to their tissue during the day.
- Wound dressings absorb tobacco smoke, like curtains, wallpaper, clothing and furniture. This makes it even harder for wounds to heal for people who live in homes where there is smoke.

Tips for quitting

- Talk to your doctor, nurse, pharmacist, dentist or other health care provider. They can help.
- Set a quit date. This is the day that you officially stop using tobacco.
- Get rid of all ash trays, lighters, spit cups and tobacco products in your home, car and at work.
- Tell others you are quitting. Other people can be a great support!
- Consider a “no smoking” or “no tobacco” rule where you live.
- Consider using medicine to help you quit. You can buy nicotine gum, nicotine lozenges and nicotine patches at the drug store. Other medicines need a prescription. Ask your pharmacist or other health care provider for more information.
- Keep track of when you use tobacco. Consider keeping a list of:
 - What times you use tobacco.
 - How you feel when you use tobacco at these times.
 - What you were doing before and while using tobacco.
- Use this information to come up with new behaviors to replace your tobacco use. Take a walk, chew on a straw, wash dishes, play a video game or call a friend.
- Try the “4 D’s”
 - **Delay.** See if you can wait 5 before lighting up. Even a few minutes can help a craving pass.
 - **Deep breathe.** Count to 5 for each breath in and each breath out. Repeat 10 times.
 - **Drink fluids.** Drink liquids throughout the day to help clear nicotine from your body. Try to drink 8 (8-ounce) glasses each day.
 - **Do something else.** Take a walk, knit, read a book, play a game or talk to a friend. Try to keep your hands and your mind busy.

Talk with your doctor if you have questions about quitting or call the Ohio Quit Line at 1-800-Quit-Now or 1-800-784-8669.

Instructions after Knee Surgery

You will be given discharge instructions before leaving. Follow those instructions if there is anything different from the instructions provided here.

After surgery appointment

Your first appointment after surgery is often 8 to 15 days after surgery. Please call us at 614-293-3600 if you are unsure of your appointment date and time.

You can expect to see the physician or the physician assistant (PA) for this and your other your follow up visits. The physician assistant was part of the team doing your surgery.

Weight bearing

- You can put weight on your knee as you are able to tolerate.
- Use crutches as needed while you adjust to pain, swelling and muscle weakness.

Dressings and wound care

- **Wash your hands well with soap and water for at least 20 seconds** before and after touching your dressings or incisions.
- Leave the dressings on until 3 days after surgery.
- Some bleeding after surgery is very normal. Do not be alarmed if some soaks through the dressings.
- On day 3 after surgery, you can remove the dressings and apply band-aids over the incisions. Do not use band-aids that form a complete seal on the skin all the way around the incisions to allow for some breathability.
- Change the band-aids daily and when wet or soiled. If there is no drainage from the incision, you can leave the band-aid off to leave the incision open to air.
- Check your incision sites for any signs of infection. If you have any of these signs, call your doctor:
 - Redness, swelling, tenderness or increase in pain
 - Change in amount or color of drainage or drainage smells bad
 - Incisions opens up
- Keep the incisions clean and dry. Do not apply any creams or ointments.
- Your sutures will be removed in the clinic after the wound has some healing.

Showering and bathing

You may sponge bathe. Do not shower until 3 days after your surgery.

- Cover the incision sites at the knee with a plastic bag or saran wrap, to prevent soaking the incisions.
- Avoid soaking the incision sites under water in a bath tub, hot tub, pool, etc. until at least 2 weeks out from surgery. This is to reduce the chance of infection.

Pain management right after surgery

- You may have received a **nerve block** to reduce pain during and after surgery. This may cause you to have some numbness or tingling in the knee for a few days. Use your crutches and use caution with weight bearing as your muscles may not be working fully, increasing the risk of a fall.
- **Try to keep your leg elevated and ice the knee.** It is best to do 20 minutes on, and then 40 minutes off as often as you can throughout the day. This will help some with pain and swelling.
- You will receive a prescription for narcotic **pain medicine**. Take it as directed to keep your pain under control. Refills are not often given after the first prescription.
 - Common side effects are nausea, drowsiness, and constipation. Consider taking the medicine with food. Try an over the counter laxative for constipation if needed.
 - Do not operate a motor vehicle or heavy machinery while on narcotic pain medicine.
 - When taking your pain medicine, do not consume alcohol, Tylenol (acetaminophen) products, or any other pain medicine unless approved by your doctor.
- You may also be told to take over the counter NSAIDs for pain, such as ibuprofen (Advil or Motrin) or naproxen sodium (Aleve).

Physical therapy (PT)

- You will get a prescription for physical therapy to start about 1 week after surgery. Think about the best location for your therapy as you arrange it.
- **If you are not doing PT with an Ohio State physical therapist, you must bring your physical therapy prescription with you for them to be able to treat you.**
- Most procedures have a specific PT protocol with guidelines for progression. The protocol for your PT can be accessed on the Ohio State Sports Medicine website (Google search “osu rehab protocols”). We can provide a copy of the appropriate protocol at your after surgery appointment to give to your therapist if needed.
- Stiffness and discomfort are common after surgery. Try to work through this to continue your exercises. The exercises speed your recovery and may help your symptoms.
- Home exercises for you to start the day after your surgery are on page 14.

Other important points

- Use your crutches as directed.
- Avoid long periods of sitting, bed rest, or travel for the first two weeks after surgery. This can increase your risk of blood clots forming.
- Do not drive until cleared by your doctor.
- The effects of anesthesia may linger after your surgery and can cause drowsiness, nausea, and vomiting. **Do not make important decisions in the first 24 hours after surgery.**

Emergency care

During office hours, call 614-293-3600 if you have any of the following:

- Calf pain, chest pain, or shortness of breath that does not go away
- Fever over 101 degrees F (low-grade fever after surgery is not uncommon)
- Spreading redness, pus-like drainage, or excessive bloody drainage from incisions
- Painful swelling or numbness
- Pain is not controlled with pain medicines, ice and rest
- Excessive nausea or vomiting

For after-hours emergencies, call 614-293-3600 to contact the on-call orthopedic doctor.

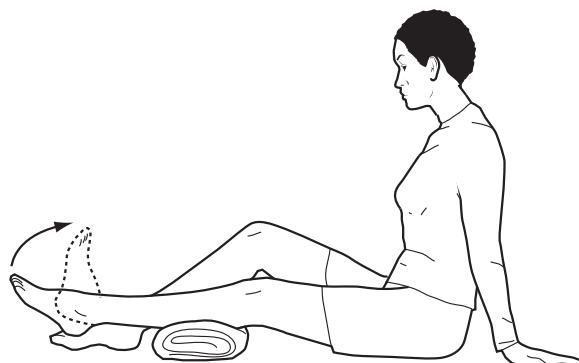
If any of these problems get worse or out of control, go to the nearest emergency room as soon as possible.

Exercises after Surgery

Start these exercises with your surgery leg the day after your surgery. Repeat each exercise 30 times. Do these exercises 5 times each day.

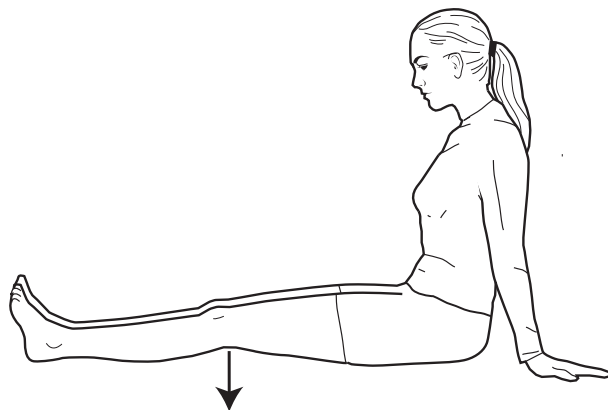
Ankle pumps

- Place a blanket or towel roll under your lower leg to raise your ankle off of the floor or put your foot over the edge of the bed.
- Gently flex and extend your ankle through the full range of motion.



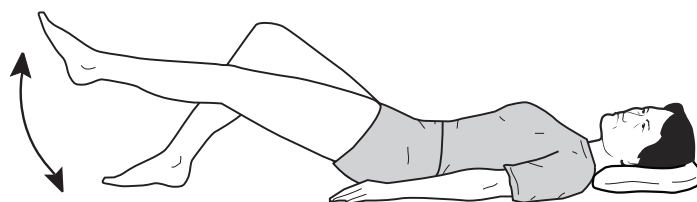
Quad Sets

- Tighten the muscles on the top of your thighs (upper legs) by pushing your knees down toward the floor.
- Hold for 10 seconds.



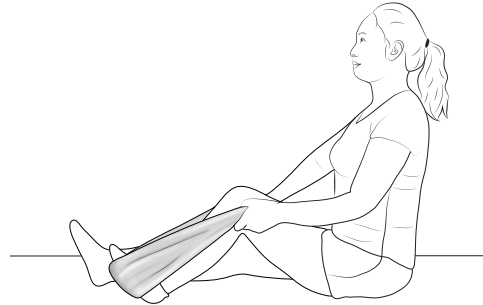
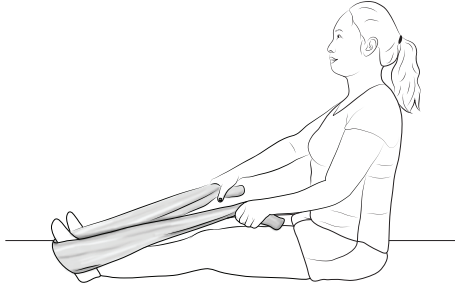
Straight Leg Raise

- Tighten the muscles on the front of your thigh (upper leg) and lift your leg up 12 inches.
- Keep your knee locked, so your leg is straight.
- Hold and then take the leg back down.



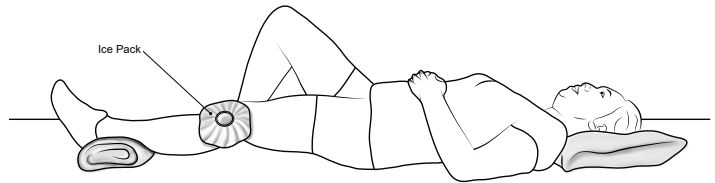
Knee Flexion with Towel

- Holding a towel around your heel like a sling, gently pull your knee up with the towel until you feel a stretch.
- Hold 5 seconds and let your leg back down gently.



Ice Knee with Straight Leg

- Place a rolled towel under your ankle and keep your leg straight.
- Place ice across your knee.
- Hold for 20 minutes.





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