

Postop Instructions for Knee Debridement & Meniscectomy

This instruction sheet is for arthroscopic knee procedures addressing both the meniscal cartilage as well as the surface cartilage of the joint. This frequently involves removing a portion of the meniscal cartilage with smoothing of the surrounding surface cartilage. This is not indicated for patients who have undergone a more aggressive procedure such as microfracture in which something has been done to increase growth of the surface cartilage in a defect.

1. Crutches are encouraged for the first week following surgery if you are having any pain or if weightbearing is causing you to limp. Try to avoid being up on the knee for lengthy periods of time in the first week for either standing or walking.
2. Range of motion of the knee should begin as soon as possible after surgery. It is important to work on extending the knee to the fully extended position as well as flexing it as far as can be tolerated. Please attempt to do range of motion exercises 4-5 times per day in the first week.
3. Ice your knee as frequently as possible. We recommend 4-5 times per day for 20-25 minutes per time. You may use either the ice bag given to you at the hospital or simply place ice in a zip lock bag and place on the knee.
4. Exercises to begin on the first day after surgery are:
 - a. Bending and straightening your knee as much as possible.
 - b. Walk with the correct gait. Please do not limp. Make every attempt to walk with a heel to toe gait motion. If limping is necessary due to pain, please use crutches.
 - c. Quad sets (tightening up the thigh) – 4 sets per day of 25 repetitions per set.
 - d. Straight leg raises (with knee locked in extension) – 2 sets per day of 25 repetitions per set.
 - e. Vigorous foot, ankle, and toe movements. Do 20 ankle pumps per waking hour.
5. You may remove the large dressing and ace bandage on your knee on the third day following surgery depending on how uncomfortable it is, or if there is drainage. Cover the incision with 4 x 4 gauze pads and wrap the knee with the ace wrap.
6. You may shower 3 days after surgery. Let clear water run over the incisions, do not scrub them. No baths or soaking the incision until 10 days after surgery.
7. Strong oral pain medication will be prescribed for use during the first few days. Please attempt to use it sparingly, using aspirin, Tylenol, or Ibuprofen products to supplement the prescribed pain medication. If additional pain medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m.
8. Report any worrisome conditions to your surgeon immediately. This includes unrelenting pain or swelling, fevers, chills and redness or drainage of the wound.
9. Return to work is variable depending on the type of employment. Generally, you should not engage in activities that prolong or increase the swelling of your knee.
10. Make sure an appointment has been scheduled for you at the clinic for approximately 1-2 weeks after surgery.

If you have any questions after your discharge and before being seen in the office, please feel free to call

Evan Peissig, MD

Joseph Cotton- Physician's Assistant

Kathryn Zwiefelhofer- Medical Assistant

715-832-1400