

KNEE ARTHROSCOPY
MENISECTOMY AND ACL REPAIR

WHAT TO EXPECT

When you get to the Boston Outpatient Surgical Suites (BOSS) or New England Baptist Hospital (NEBH) you will need to check in. From there you will change into your surgical gown and meet the preop nurse. Someone will start your IV.

You will meet the anesthesiologist or the CRNA who is a nurse that is qualified to give anesthesia. They will talk to you about your anesthesia. This may include the use of a “Regional Block” which will be discussed later.

You will need someone to drive you there and bring you home. You will not be allowed to have your surgery if there is no one to bring you home. This is a state and federal requirement.

REGIONAL BLOCK

A regional block is a method that the anesthesia department uses for pain control. This can be given before or after surgery. If it is given before, your body feels no pain and therefore the anesthesiologist uses less anesthesia agents to keep you asleep and comfortable.

The Block should last at least 12 hours. Sometimes it can last longer. You will need to protect your leg until the block wears off. This is because you will not have any, or limited control of your leg, while the block is in effect. When the block wears off you can expect tingling like when your arm or leg falls asleep and then wakes up. You do not want to shower until the block wears off since this could lead to a burn. Not all surgeries require a block.

BANDAGE

You will have a big bulky bandage or dressing covering your knee incisions. The incisions usually are two small little half inch cuts that are closed with steri strips. These strips will fall off in about 10 days. If they do not they will be removed at your first postop visit. Occasionally the incisions are closed with stitches. These stitches will be taken out during your first office visit which will be in about ten days after your surgery.

The bandage can be taken off the morning of your 2nd post-op day. (If your surgery was Thursday this means Saturday morning).

BATHING

You can shower after you remove your bandage 48 hours after surgery. (post-op day number two) If you have stitches you should cover the stitches with band aids when you shower. After your shower change the band aids to dry ones. The reason we wait until the second day to shower is that it takes this long for your incisions to be water tight. If you shower before this you may risk infection.

DEEP VEIN THROMOSIS (DVT)

A DVT is a blood clot that occurs in the veins of your leg. These blood clots can be life threatening if they continue to grow then break off and go to your lungs. This is called a Pulmonary Embolis. It is extremely rare for this to happen during a knee arthroscopy but they do occur.

A DVT is suspected if you have an increase in pain in your calf, your calf gets hard or you have pain in your calf with bringing your toes upward. Shortness of breath is a sign that you may have a pulmonary embolis

Some factors that increase your risk of developing a DVT are being overweight, a blood disorder that increases your risk of blood clots, ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS) and inactivity. We take every precaution to avoid this risk during surgery. **It is strongly recommended that you not take birth control pills for at least two weeks before surgery.** If you go off Birth Control you need another form of contraception or abstain from sexual activity until you restart your birth control.

One of the treatments you may be asked to do is to take a regular strength Aspirin (325 milligram) once or twice a day. This helps to reduce the chance of having a DVT or Pulmonary Embolis. It is also recommended that you try not to remain sedentary after your surgery. Do not take Aspirin if you have an allergy to aspirin, stomach ulcers or bleeding problems or if you are on a blood thinner.

KNEE BRACE

You may come out of surgery with one of two different types of brace. One is called a “knee immobilizer” and the other is a “T-rom”. The Immobilizer is a fixed brace that keeps your leg straight. The T-Rom brace is a hinged brace that may be locked at different angles depending on your surgery. You will be given specific instructions after your surgery concerning the use of your brace postop.

On **ACL reconstructions and total knee replacements** the brace is locked in extension at night but unlocked during the day to permit full range of motion.

PAIN RELIEF

For the first 12 to 24 hours your regional block should be sufficient. You should use ice generously. It is your best friend. Not only does it help with pain but it also reduces swelling which slows healing. You will also have a prescription for pain medicine. It is important to note that Percocet and Vicodin contain Tylenol (Acetaminophen). Some Vicodin contains 500 mg of Tylenol. The FDA has mandated that this change however as of now this is still the case. If you take 2 pills every 4 hours you are at the maximum dose of Tylenol. To take more puts you at risk for liver failure. There are pain killers that do not have Tylenol in them. These drugs are just as effective as Percocet and Vicodin without the risk. Nucynta is one of them.

WEIGHT BEARING

After surgery you will be instructed as to what is allowed for putting weight on your leg, most of the time you will be allowed a progressive weight bearing status. This means that the day after your surgery you will begin to walk with your crutches and put a little weight on your knee.

Every time you take a step you increase the weight you put on your leg. This is for menisectomies and ACL reconstructions. You should be able to get off your crutches within 3 or 4 days. ACL reconstructions wear the T rom brace daily, unlocked, and locked at night until seen in the office

PHYSICAL THERAPY

You need to start physical therapy as soon as possible. The most common complication from a knee injury or surgery is a stiff knee (Arthrofibrosis). Getting into Physical Therapy will reduce your chance of getting a stiff knee. **Where you go is just as important as when you go.** Please ask our office for suggested therapists in your area.

COMPLICATIONS

Complications are rare but do occur. The most common are stiffness, infection, DVT, bleeding and nerve damage. Every time you cut the skin there is bleeding and minor nerve damage. This is usually not a problem. You may experience minor numb spots on your skin after surgery. These usually will resolve over a time but can be permanent. Infections are suspected if you start having increasing pain, fever or drainage from your incisions. Mild fevers less than 101degrees are common but fevers above this should be reported to the office.

Having surgery can be a very stressful situation. We try to make every effort to reduce this stress as much as possible. Please do not hesitate to contact us with any questions