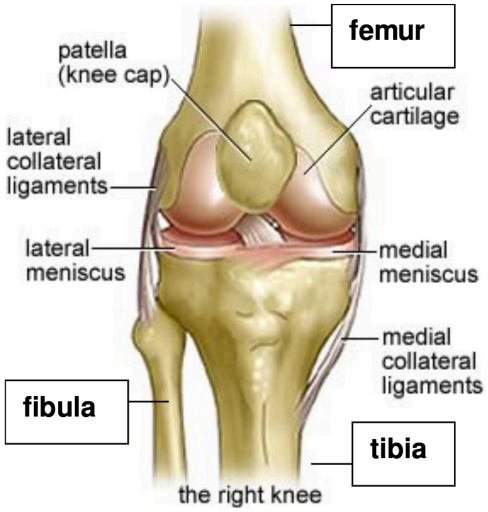
Patient Information and Rehabilitation Guidelines Following Meniscal Surgery

This booklet describes the anatomy and operation and rehabilitation for your torn meniscal cartilage.

Anatomy



Between the thigh bone and shin bone are shock absorbers called the menisci (cartilage). There are two (medial = inner and lateral = outer) in each knee and they are made of soft cartilage similar to that in the tip of your nose.

They can be torn through injury; usually a twisting injury. This cartilage also becomes less flexible as we age and it can tear due to general wear and tear.

Operation

An arthroscopy is a 'keyhole' operation, which allows your consultant to look inside your knee joint using a special camera.

The procedure is usually carried out under general anaesthetic and involves inserting a fibre optic camera that is about the size of a pencil into the joint through incisions that are approximately 1cm in length. Fluid is then passed into the joint; allowing the structures in the joint to be seen.

Occasionally it may be necessary to use a larger incision, which will be closed with staples.

Partial Meniscectomy

During the arthroscopy, if a tear in the meniscal cartilage is identified it can be removed using small cutting instruments. As little as possible of the cartilage is removed and the remainder is smoothed off.

If there are no other problems the results of doing this are excellent. There are no restrictions following this operation and your return to activity should be guided by your levels of pain and swelling.

Meniscal Repair

Occasionally it may be possible to repair the cartilage depending on the size and location of the tear. This procedure has a 60-70 in a 100 chance of success.

If it is successful, the cartilage then acts as though it has never been injured. If a repair is required, then it is possible for this to be carried out through the same keyhole incisions.

Following the repair operation you may need to walk with crutches for 2-4 weeks depending on comfort.

You will need to avoid bending your knee beyond 90 degrees when weight bearing for 6 weeks, and you will be unable to perform a deep squat for 3 months. This may delay your return to work and driving.

If you have had the repair operation then you are likely to be referred to Physiotherapy to guide your return to activity and work.

If the procedure is unsuccessful it will mean a further operation is necessary to remove the torn cartilage.

Benefits

The following symptoms should be improved following your operation, but remember this will not happen immediately.

It can take 2-6 weeks for the knee to become less swollen.

- Reduction of pain
- Reduction of swelling
- Your knee should stop giving way or locking
- Improved function (able to return to work and / or sport)

Risks of surgery

The table below outlines the risks of the surgery and how likely they are.

Complication	Risk
Portal Infection	1 in 100
Septic arthritis (infection deep within the knee)	1 in 500
Complex regional pain syndrome (an abnormal pain reaction to any surgery)	1 in 100
Deep vein thrombosis (clot in the calf)	3 in 100
Pulmonary embolism (clot in the lungs)	Very rare but potentially life threatening

Any surgical intervention can theoretically result in mortality (death), it is extremely rare for this to happen for this procedure but recent legal rulings have mandated this be mentioned.

Day of the operation

Things to bring:

- Toiletries and a towel
- Dressing gown and slippers if you have them
- Suitable clothes to go home in eg loose trousers/skirt
- Diversional activities eg book/magazines
- Walking aids if you use them

Admission information

You will be admitted to the ward usually the day case unit on the morning of your operation. Ensure you have followed the fasting instructions given in your letter.

You will be seen by Professor McNicholas and the anaesthetist. You will sign the consent form unless done in clinic. When you are ready you will be take to the theatre room, either walking or in a chair.

After the operation

You will wake up in the recovery area of the theatre.

You may have 2 or 3 small wounds, which will be covered with a small dressing.

You will have a compressive wool and crepe bandage on your knee.

It is normal for your knee to be a little sore and swollen for the first 48 hours.

You may need elbow crutches.

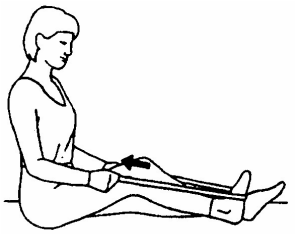
You will probably be allowed to go home on the day of your operation and you will be given some painkillers on discharge from hospital.

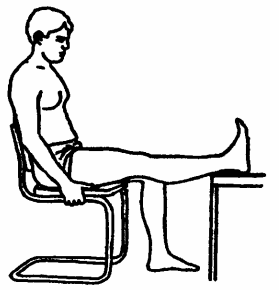
For the first few days rest as much as possible with your leg elevated and move feet and ankles up and down to help your circulation.

Exercises

The following exercises should be started immediately and continued at home. These should be performed **4 times each day.**

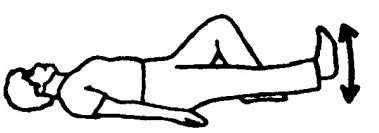
1. Sitting on the bed, place a sock on your foot. Place a slippery board/tray under your foot and a band around it. Bend your knee as far as possible. Gently pull the band to bend a little more. Hold 5 seconds. Repeat 10 times.



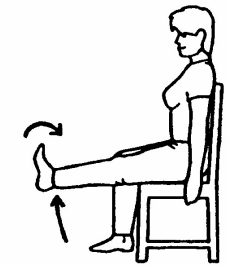


2. Sit on a chair with the heel of your operated leg on a stool. Allow your knee to straighten as much as possible for 10 seconds. Repeat 10 times. You can gently press down on your knee with your hands to stretch a little further.

3. Lying on your back or sitting with legs straight. Pull your toes up towards you and push your knee down firmly against the bed. Hold 5 seconds. Repeat 10 times.



4. Lying on your back. Lift your leg 6 inches, keeping your knee straight. Hold 5 seconds. Repeat 10 times.



5. Sit on a chair. Pull your toes towards you, tighten your thigh muscle and straighten your knee. You can add a small weight over the ankle to make the muscle work a little harder.

At home it is important **to walk as normally as possible**. Walking **short distances** around your home should be fine. Gradually increase your walking distance as pain and swelling allow.

If at any times your knee becomes acutely painful, you can take pain-killing tablets and it may be worth using ice to reduce your symptoms.

To do this, make sure the ice is in a sealed bag, and then wrapped in a damp towel. Alternatively a bag of frozen peas wrapped in a damp towel may be used. Apply the ice for no longer than 10 minutes at any one time. You can use ice every hour if necessary.

You will be seen around 2 weeks after the operation, as an outpatient, by your consultant's orthopaedic team. Staples/stitches will be removed now (if you have them).

General Advice

Crutch walking: Crutches and operated leg move first, and then follow through with your good leg.

Stick walking: Use the stick in the hand opposite to your operated leg. Stick and operated leg move first, and then follow through with your good leg.

Stairs: Keep both crutches or stick in one hand, hold the banister with your other hand. Going up stairs lead with your non- operated leg, when going down stairs lead with your operated leg. Always keep the walking aid on the same step as the operated leg.

Showering: You may shower provided that you keep the affected area water tight, i.e. with a plastic bag or cling film around your leg and sealed. If the dressing becomes wet or soiled, please replace it with a clean dry one.

Return to work: For desk jobs this could be 5-7 days depending on pain and swelling. For manual jobs it may take 2-6 weeks depending on activities involved and how your knee feels.

After meniscal repair - if your job requires deep weight bearing squats, then, unless you can modify your work practise to accommodate avoiding this position, you may not be able to return to work until 3 months after the operation.

Driving: Return to driving can vary considerably from person to person. Most people are able to drive 1 to 4 weeks after surgery.

However, it is advisable that the following are achieved before trying to drive:

- You should be walking without crutches with a minimal limp
- You should be able to safely perform an emergency stop
- You should feel confident that you are in full control of your car. If you drive an automatic car and your left knee was operated on you can drive once the small wounds are healed.

You should notify your insurance company of the procedure that has been undertaken to ensure that your cover is valid. For further information follow this web link: https://www.gov.uk/driving-medical-conditions

Flying: Flying is not permitted for 8 weeks following surgery due to a higher risk of developing a blood clot. For further information follow the web link below: http://www.nhs.uk/chq/Pages/2615.aspx?C%20ategoryID=69

VTE (blood clots)

VTE is a collective term for two conditions:

- **DVT** (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood.

- **PE** (pulmonary embolism) – a potential fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, especially during the first few weeks following your procedure, the risk of VTE is higher because of your immobility.

Professor McNicholas may prescribe you a daily injection of Clexane to help thin your blood and these should last approximately 14 days. If this is needed, you will be shown how to inject this drug yourself.

Symptoms:

- Swelling – you will have some swelling due to your surgery but if you have any concerns please call for advice
- Pain – any new pain we want to know about
- Calf tenderness
- Heat and redness compared with the other leg
- Shortness of breath
- Chest pain when breathing in

Things you can do to prevent VTE

- Move around as much as possible. Be sensible though, short and regular movement is best
- Drink plenty of water to keep yourself hydrated
- We strongly advise you not to smoke – this will have been discussed in pre op but we can also refer you to our smoking cessation team within the Hospital.
- Move your ankle around as much as possible to keep your calf muscle pumping

Small preventative measures can have a huge impact on your recovery.

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