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Knee Arthroscopic Debridement or Partial Meniscectomy

Jeff Horinek, MD

Salina Ortho
523 S Santa Fe
Salina, Ks, 67401

*****NAME***, CCMA 785-823-2215**

Day of Surgery

How long will I be here?

- Estimation of surgery: 1 hour
- In the facility about 4-5 hours
- We recommend your significant other or ride be here as your surgery is finishing in order for the surgeon to discuss findings

What will happen in recovery?

- You will wake up with your cold cuff placed on the knee.
- While in the recovery room, you will receive your prescription for any medication that you will need.
 - **Norco** or **Percocet** for pain
 - At home if you are having any adverse reactions, please call Dr. Horinek's office.
 - Medication refills can occur the following ways
 - Contact *****NAME***** CCMA with Dr. Horinek's office 785-823-2215
 - Refills can be given at your post op visit if it is also with your surgeon

Knee Anatomy

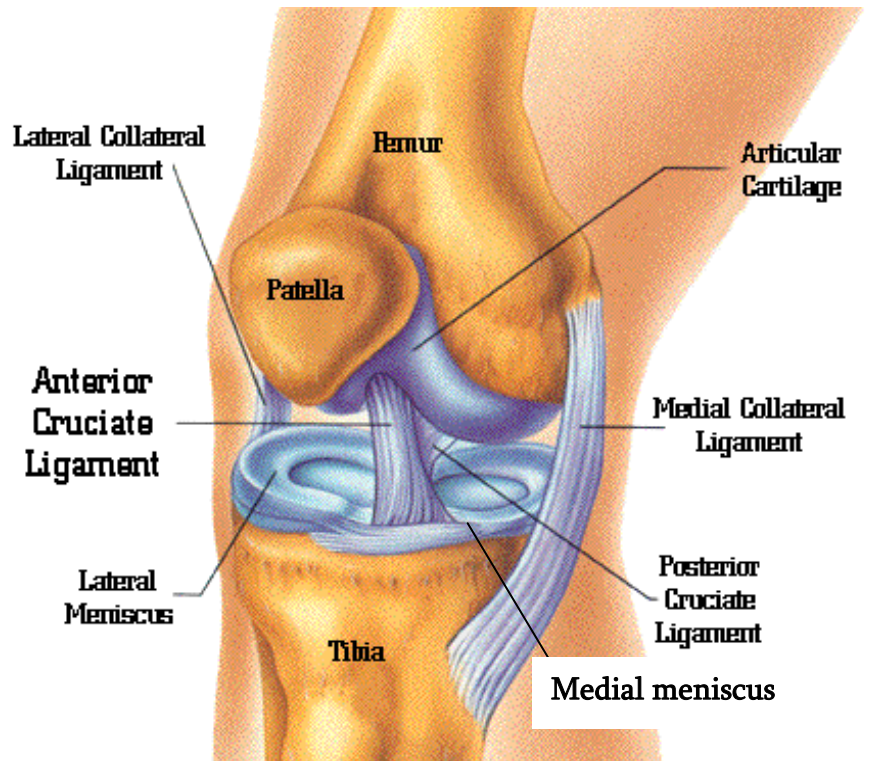
- The bones that make up the knee are the Tibia, Fibula, Femur and the Patella.
- Menisci are discs that fill the spaces between the rounded edges of the tibia and femur. These discs spread out stress and help stabilize the knee joint.
- Ligaments attach bones to bones. The anterior cruciate (ACL) and the posterior cruciate (PCL) ligaments are attached to the tibia and femur. The medial collateral (MCL) ligament and the lateral collateral (LCL) ligaments are additional ligaments adding stability to the knee joint.

The Knee, front view



Arthroscopic surgery can treat the following:

- Torn ligament
- Damaged or torn cartilage
- Loose fragments of bone or cartilage
- A damaged meniscus
- Scar tissue or joint infections
- Inflamed synovial membrane
- Unexplained knee pain that doesn't respond to other treatments



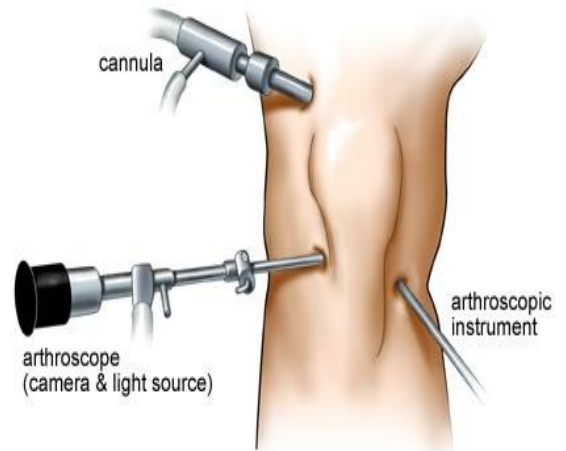
About Arthroscopic Surgery

Arthroscopic surgery is minimally invasive, and is done to decrease the trauma to the joint, decrease healing time, and decrease risk of infection. Recovery from arthroscopy is faster than recovery from traditional open joint surgery.

Procedure

Step 1

Three small incisions are made around the joint area.

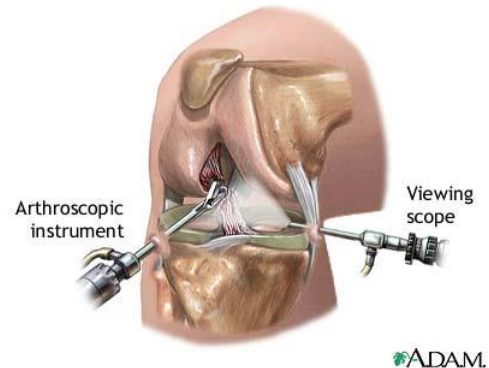


Step 2

A tube-like needle is inserted in one incision. Fluid pumped through the tube expands the joint and gives the surgeon a clear view and room to work. It also regulates the amount of fluid in the joint.

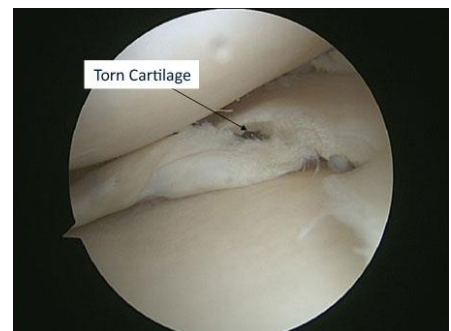
Step 3

Through another incision, Dr. Horinek inserts the arthroscope. This instrument has a light and a small video camera that sends images to a TV monitor in the operating room.



Step 4

Dr. Horinek can look for damaged tissue. If he sees an opportunity to treat a problem, a variety of small surgical instruments can be inserted through the third small incision.



End of Procedure

Dr. Horinek will close the incisions with internal stitches and steri-strips.

First Week Expectations

How much pain am I going to have after surgery?

- **How much pain am I going to have after surgery?**

Pain is individual. Some people have very little pain while others have significantly more. Below are some strategies to effectively manage the pain.

- It is recommended you take your pain medication as prescribed in the first week. Pain medication is not as effective on spiked pain.
- Ice is a natural pain remedy: ice for the first 7 days to control pain and swelling then 20-30 mins 6 times per day for the first full week.
- Stay down in bed as much as possible for the first 3 days with your knee elevated above the level of your heart in order to avoid swelling and increased pain. It is ok to be up for short periods to stretch your legs, go to the restroom, or get food.

Other considerations related to pain management.

What are the side effects of general anesthesia and pain medication?

- Some pain medications have side effects causing constipation. Take over-the-counter stool softeners or laxatives if needed. Drink at least 8 glasses of water a day during the first couple weeks following surgery.
- General anesthesia can cause nausea in some patients. Start with liquids only when you get home and slowly work up to solid food

When can I return to work?

When can I return to work?

- The recovery period from knee arthroscopy varies for each individual.
- Your time away from work will depend upon your job tasks and the availability of light duty for the first couple of weeks.
- Most people can return to a desk job within a week.
- If your job is strenuous and requires a lot of time on your feet and /or heavy lifting you may require a longer time off work, up to 4 weeks.

When can I return to sport?

- Full recovery and return to all sporting activities without restriction will take about 4 weeks.

Should I walk with the cold cuff on?

- **No**

When do I complete my home exercises?

- Start the exercises the day of surgery however if they are too painful start the following day. Complete your home program 6 times per day followed by icing. If it becomes too painful then back down on the number of times that you perform them.

What if I suspect an infection?

- Call Dr. West/Widmer's office / doctor on call immediately 314-4900
 - Fever 101 degrees F
 - Redness and profuse swelling
 - Intolerable pain
 - Nausea
 - Pus or smelly discharge from an incision

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When can I shower?

- You may **shower** after 48 hours, but no more than 3 times the first week. Remove the large gauze bandages and TED hose, but **leave the steri-strips in place**. You may apply waterproof dressing over small, clean gauze pads and steri-strips. **Do not soak the knee at any time.**
- Shower quickly but You may shower 72 hours after surgery
- If using waterproof dressings, **remove them immediately** following your shower and blot incisions with a towel to dry. .
- It is very possible you may become light-headed while showering. For your safety, please have someone nearby to assist you while you shower.

What if I suspect an infection?

- Call Dr. Horinek's office immediately 541-608-2555
- Possible signs of an infection include fever of 101 degrees F or greater, redness and increasing swelling, pus or smelly discharge from an incision

When is my first visit with a therapist?

We will give you a prescription at your post-op appointment for physical therapist.

What will happen at my first therapy visit?

- Inspect your incisions and replace dressings.
- Answer all your related questions and give further exercise instructions.

Goals at first therapy visit?

- Full knee extension (straightening)
- Knee flexion (bending) to about 120°
- Less swelling than days before.
- Pain under control.



○ When will I see my Surgeon?

- Your post op will be with Dr. Horinek 10-14 days after surgery.

What will happen at my post op appointment?

- Your rehab program going forward will be tailored to your specific needs. Most of the exercises can be done at home, with only a few PT visits to reinforce and educate.

- ✓ Sutures will be removed.
- ✓ An X-Ray will be taken, and reviewed in Dr. West/Widmer's clinic.
- ✓ Your physical therapist will design an individual rehabilitation program according to your objectives and personal goals.

How to Use Crutches

Crutch Rental

You will be allowed to put as much weight as tolerated on the surgical leg. Crutches are to be used for comfort and to improve safety. You may lean from the crutches as you feel comfortable and are able to walk safely without a limp. Usually this takes 1-2 weeks.



Walking with crutches

1. You should bear the weight through your hands and not through your armpits.
2. Place crutches forward first.
3. Move your injured leg forward and place heel down landing in line with crutches.
4. Shift as much weight as tolerated onto injured leg and use crutches to unload weight.
5. Step through with healthy leg.
6. Roll over toe and bend knee to move your injured leg forward again.

Going up Stairs

1. Approach step closely.
2. Place your healthy leg up on the step. Keep your injured leg and crutches on the ground.
3. Place your weight on the healthy leg and step up.
4. Bring the crutches and surgical leg up to same step.

Going Down Stairs

1. Approach edge of stair closely and place weight on healthy leg.
2. Lower crutches and step down leading with the injured leg.
3. Shift your weight to the crutches and injured leg.
4. Carefully place your healthy leg down on the step.

Sitting Down

1. Place the crutches in one hand, and grab the armrest with the other hand.
2. Use the armrest and your crutches to lower yourself slowly.
3. Allow the injured knee to bend as tolerated.

Standing Up

1. Move to the edge of your chair, and place the crutches in one hand.
2. Grasp both crutches with one hand and grasp the armrest with the other hand.
3. Carefully push yourself into a standing position using crutches, chair, and legs.

The time frame for return to competition is based on the type of ACL graft, amount of swelling control, and return of adequate strength and motion. Patient compliance to the rehabilitation program is a strong predictor for recovery period. Every individual recovers at his/her own rate but expect a time frame of 5-9 months from the date of surgery.

Phase 1 Exercises

Heel Slide

Sitting with your back supported, pull your foot towards your rear. Assist stretch with hands or towel. Hold for 5 seconds, then bend a little bit farther and hold for another 5 seconds then relax. Repeat 15 times, 6 times per day.

Heel Prop

Lie on your back, prop heel up on a rolled towel or pillows. Heel must be high enough so your calf and thigh are off the ground. Hold for 10 minutes, 6 times per day and whenever sitting.

Toe Pull

Sitting, wrap a strap around your foot and pull back with one hand straightening the knee to the point the heel lifts off. Stabilize your thigh by pressing your other hand downward on your thigh. The knee should never lift off of the table. Hold for 5 seconds, let go of strap and squeeze your quad/thigh muscle and try to keep heel off table for another 5 seconds.

s.Repeat10times,6timesperday.

QuadSet
Phase 1 Exercises

Begin exercises the day of surgery if possible. If the knee is too uncomfortable to tolerate this then begin the following day. You may adjust the number of repetitions if they are too painful.

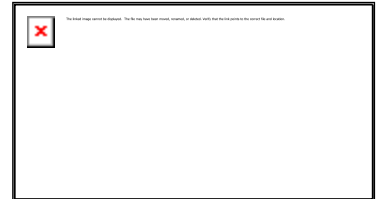
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Quad Set

Tighten thigh muscle while pushing your knee down into the towel. Heel should lift from surface if pressing hard. Hold for 5 seconds then rest for 5 seconds and repeat. Perform 10 times, 6 times per day.



Straight Leg Raise

Sit with back supported, or lay down. Tighten front thigh muscle, pull toe back toward you, then lift leg 8-10 inches off surface. Pause at the top and slowly lower to start position. Repeat 15 times, 6 times per day



KEY POINTS

1. Make sure you have heard from the Surgical Center or hospital the afternoon prior to surgery to know what time to report.
2. Do not eat or drink anything after midnight the night before surgery.
3. Arrive on time for surgery with paper work filled out. In recovery room your medication prescriptions will be given. If you need further assistance with medications contact ***NAME*** CCMA at 785-823-2215
4. First 2-3 days after surgery stay in bed with ice on.
5. Avoid swelling by avoiding extra getting up and down
6. Call MD if you have signs of infection

7. Compliance with exercises will help with recovery.

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