

GENERAL

The surgeries, unless otherwise specified are **day procedures**. That is to say, you arrive at the hospital early in the morning and stay until late afternoon but do not stay overnight. The pain scale used below uses 0 on 10 to denote no pain and 10 on 10 to denote maximal pain.

PARTIAL MENISCECTOMY.

It is normal that the knee hurts more than before the surgery for the first 1 to 3 weeks. The pain should be relieved with elevation, ice, and medication and should be progressively diminishing. **Return to work** depends a lot on the type of work, how flexible it is, and how easy it is to get to work but it is typically **between 3 weeks for sedentary work that is easily reached from home and 2 months when it is physical work** or physically demanding to get to work.

Typically the knees feel better than before the surgery at 6 weeks post operatively. The knee often continues to improve for the first 4 to 8 months. Between 6 weeks and 8 months post operatively, we can expect most people to be a lot better. If the pain was 7-8 on 10 prior to the operation, it often decreases to 0-2 on 10 after the surgery and comes less often. It may completely disappear but this is not always the case. A slight discomfort often persists with prolonged physical activity despite it having improved greatly compared to prior to the surgery. Pain is often subjective and multi-factorial so results may vary from patient to patient. In a typical population with an 8 on 10 pain, 80% are 85% better, 10% are only a little better, 9% are a little worse and 1% are worse off.

The doctor will see you between 2 and 21 days after the operation and at 6-8 weeks to assure your rehabilitation is progressing well. **Organized physiotherapy is often not necessary.** It is generally only recommended for those patients that exhibit stiffness and swelling at one of the post operative visits.

MENISCAL REPAIR

Given that two pieces of tissue must fuse together, the rehabilitation is longer with the meniscal repair than it is for the partial menisectomy. Your doctor will see you between 2 and 21 days after the surgery, at 6-8 weeks, at 3-4 months and at 6-8 months to ensure your recuperation is progressing well. Meniscal repair patients take 4 to 6 months feel better than prior to the operation. When the meniscus repair heals, most people feel much better. Slight discomfort often persists with prolonged physical activities however, despite the pain being improved. The meniscal repairs that don't heal have little or no pain improvement at 3 to 6 months and must have their repair converted to a partial menisectomy in a second surgery to obtain relief. Return to work depends heavily on the type of work, its flexibility and the ease with which one can get to work. It varies between 2 months for light work that is easily reached to 6 months for physical work.

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

Your doctor will discuss your probable post operative course and results based on your specific details and condition but typically 95% of ACL operated knees are satisfied and have a stable knee without problems. 5% are less satisfied due to a variety of factors including stiffness, infection or persistence of instability. Your doctor will see you between 2 and 21 days post operatively, at 6 weeks and at 6 months to ensure your recuperation is progressing well. Return to work is variable but varies between 2 months for sedentary work and 6 months for physical work requiring pivoting activities and quick changing of body direction. As long as the post operative restrictions are respected some sedentary work can resume before 2 months (ex. at 3-4 weeks) and some physical work can resume before 6 months (ex. at 4 months).