

Arthroscopic Knee Surgery with Dr. Grondin (www.drgrondin.com)

All knees:

You must have someone stay with you for the first 24 hours after the operation because the analgesic medication will make you somnolent and not fully autonomous.

Ice or commercial gel packs that can be put in the freezer are very useful in controlling the swelling and pain post operatively. Place the ice pack in a cloth (or T-shirt) before placing it on the knee to prevent direct contact to the skin and prevent frostbite. **Apply at least 3 times a day for at least 30 minutes each time.**

Organized physiotherapy, if prescribed, begins 3 to 10 days after the operation, but call right away to reserve your place. **(514 890 8301) (ergo-physio.chum@ssss.gouv.qc.ca)**

Full weight bearing is allowed right away but crutches are used for the first 2 days to two weeks to help regain a normal balance and gait. Keep the leg elevated 50% of the time for the first 2 weeks to help decrease the swelling. This facilitates fast range of motion recuperation and helps with pain control. Avoid standing for longer than 15 minutes at a time and avoid walks longer than 15 minutes for the first 6 weeks.

Maximally bend and maximally straighten the knee often to regain range of motion. Do these stretching exercises at least 30 minutes a day. The most difficult and most important part of the range of motion to regain is complete extension (having the leg completely straight at the knee). A good way to regain this is, when sitting on a chair or couch, putting one's foot on another chair with nothing under the knee so that gravity will slowly assist in straightening the knee.

Move the foot up and down (or even spell out the alphabet with the foot) often to help blood flow through the calf and prevent blood clot formation. Do this 5-10 times a day for 2 minutes each time for the first week.

You will be given an appointment to see your surgeon between 2 and 21 days post operatively to make sure your recovery is progressing well. At the Notre Dame clinic, delays are frequent but show up on time to register. **Once registered, no need to worry about leaving for 20-30 minutes while you wait for your turn, to go eat or pay the parking meter, you will not lose your place in line.** In the worst case scenario, you will lose 20-30 minutes if we call you while you are absent.

Partial meniscectomy

Keep the dressing completely dry for 48 hours (2 days). After 2 days, you may remove the big dressing but keep the small stickers (steri strips) on the skin in the shape of an "X". These you can remove at 2 weeks. After 2 days, the shower is allowed. Damp dry. Wait for two weeks before submerging the knee completely under water (ex as in a bath).

Anterior Cruciate Ligament Reconstruction

The incision in this surgery is longer so it takes longer to heal. Keep the region completely dry for 14 days. After 72 hours you may remove the dressing and put a smaller dressing if you can do so without touching the incisions and touching the center of the new dressing thereby keeping it sterile or you can wait for your doctor to change the dressing when he sees you in clinic between 2 and 21 days after the operation. No jogging for 4 months and no pivoting sports for 6 months.

Meniscal repair

When done in association with an ACL reconstruction, the rehabilitation follows that of the ACL. When the meniscus is repaired in isolation it follows that of the meniscectomy except that knee flexion beyond 90 degrees is avoided for 6 weeks. All knee twisting when weight bearing is avoided for 4 months and all pivoting sports is avoided for 6 months.

Call the same day surgery department (514) 890-8317 (mon to fri 7h to 20h) or Info-santé (811) or your local CLSC if: you have a temperature above 38 C for more than 24 hours, if redness around the wound develops (it is normal to have the entire limb colored pink by the antiseptic used but it is abnormal to have a deeper and painful red region to develop around the incision), if the wound drains beyond the first 24-48 hours, if pain that can't be

relieved by elevation and medication persists, and if a constant (and not only from time to time) calf pain persist beyond the first 48 hours.