



Dr Bu Balalla

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Suite 5, Level 2,
19 Kensington Street
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Post-operative information

Meniscal Repair

On discharge:

Nearly all patients are suitable for discharge on the same day as their surgery. Ensure you are steady on your crutches at the time of hospital discharge. Feel free to put your full weight on your operated knee, and bend the knee as much as you wish.

Please do not drive yourself home - please arrange for a taxi if a friend or relative cannot pick you up.

You will have been provided with a prescription for pain medication. Please commence these on the evening of your operation. There will be some local anaesthetic around your knee which lasts around 12 hours. You will experience a dull ache when this wears off. It is advisable to start your pain tablets before this pain starts.

An ice pack intermittently over the bandages can help with pain and swelling.

The day after surgery:

Remove the outer crepe bandages, leaving only the sticky white dressings underneath. You may shower with these dressings. Your wound will do best with the original sticky dressings in place, however if they begin to fall off later in the week, please replace them with the spares provided by the hospital. Your wounds should be covered at all times.

During the first week after surgery:

Ensure that you have confirmed the time of your follow-up appointment by calling my rooms on 9680 1315, if you have not already done so prior to surgery.

Purchase a simple knee sleeve from the chemist and wear this at all times, except during bathing. This sleeve should not have any supporting struts, inserts, or hinges. They are usually made of neoprene, like wetsuit material.

Make contact with a physiotherapist, and commence the protocol on the following pages. Your physio can download a copy of the protocol at:

<http://kneesurgerysydney.com.au/physios/post-operative-pathways>

You can reduce and cease your pain medications as soon as you feel able.

10–14 days after surgery:

I will see you for your first follow-up appointment. I will remove any stitches. You do not need to cover your wound after this time. I will also show you some images from your arthroscopy, and discuss the findings of the operation with you. We will discuss any further reviews or treatment at this meeting.



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6 weeks after surgery:

You will be allowed to bend your knee fully, but should not perform a loaded squat past 90-degrees. This restriction lasts until 3 months post surgery.

Please contact Dr Balalla's rooms via phone or email urgently if you suffer from any of the following:

- › Worsening pain
- › Fevers or chills
- › Increasing redness around the incisions
- › Calf swelling or pain which worsens
- › Shortness of breath

This resource is provided by Dr Balalla for the information of patients who have had an arthroscopic meniscal repair.

To discuss any concerns or the information above, please phone Dr Balalla's rooms on (02) 9680 1315, or email enquiries@drbalalla.com.au.

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Physiotherapy Protocol

Meniscal Repair

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Please give this protocol to your physiotherapist

| STAGE | GOALS |
|---|---|
| <p>Week 0–2</p> <p>Discharge on day of surgery.</p> <p>Commence physiotherapy day 3-5 post surgery.</p> <p>Non weight bearing for 6 weeks.</p> <p>Flexion limited to 90-degrees.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Decrease/control swelling and pain › full active and passive extension › 90° flexion › Ability to straight leg raise <p>Reduce dressings day 1 post-surgery. Keep waterproof dressings intact. Showering allowed, with wounds covered.</p> | <ul style="list-style-type: none"> › Pain control with analgesics and cryotherapy › Swelling control with compression sleeve › Range limited: 0–90-degrees only › Mobilise non weight bearing › Active and active assisted knee flexion › Static and inner range quadriceps exercises › Straight leg raises › Ankle dorsiflexion/plantarflexion exercises › Achieve full extension |
| <p>Week 2–6</p> <p>Review 10–14 days post op for removal of sutures.</p> <p>Operative findings explained to patient.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Full extension (normal/hyper-extension) and full flexion › Good activation of quadriceps and straight leg raise with no lag › Minimal pain › Mild/stable effusion › Normal gait pattern | <ul style="list-style-type: none"> › Swelling management › Static and inner range quadriceps exercises › Straight leg raises › Mobilise non weight bearing |

continued overleaf



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| STAGE | GOALS |
|--|--|
| <p>Week 6–12</p> <p>Commence weight bearing in the range 0–90-degrees.</p> <p>Active non-loaded flexion though full range.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Full flexion and extension | <ul style="list-style-type: none"> › Cease crutches › Closed chain quadriceps exercises with co-contraction within range 0–90-degree – e.g. double leg wall mini squats, sit to stand, lunges › Core and hip stability exercises › Stationery bike with high seat, low resistance |
| <p>Week 12+</p> <p>Return to full activity</p> <p>Weight bearing though entire range of flexion</p> | <ul style="list-style-type: none"> › Progress closed chain quadriceps exercises through full range of movement › Straight line running › Normal bicycle › Leg press Hamstring curls › Proprioceptive training › Slide board/Wobble board/Lateral stepping › Sport specific drills with return to sport when: <ul style="list-style-type: none"> • satisfactory single limb dynamic control • 90% strength of non-involved limb • confidence in knee |

This resource is provided by Dr Balalla for implementation by a qualified physiotherapist. Every patient's condition is unique and this information may not represent the full physiotherapy management plan directed by Dr Balalla.

To discuss any of the information above, please phone Dr Balalla's rooms on (02) 9680 1315, or email enquiries@drbalalla.com.au.

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