

## Physiotherapy

# Meniscal repair

The knee has two pads of fibrocartilage (menisci). This cartilage acts as shock absorbers, help with stability and provide lubrication to the joint.

The aim of repairing the meniscus is to try to prevent wear and tear in the knee in later years.

Meniscus repair keyhole surgery involves passing sutures or special fixation devices into the knee. The surgeon may need to make a small incision on the side of the knee to tie the stitches.

Protecting your knee from re-injury after surgery is very important. Because of the difficult healing, the meniscus must be protected as described below to avoid re-tearing.

## After surgery

A nerve block may be used during the operation. So, immediately after the operation, your knee and leg may feel heavy and numb for a few hours.

While the block is wearing off, you'll be given painkillers. Please take them as advised.

You may have some discomfort for several weeks after the surgery. Take your prescribed painkillers regularly for the first few weeks after surgery. This will make you feel more comfortable and allow you to do your exercises.



## Patient Information

To reduce the pain and swelling around your knee:

- rest
- raise your leg in a straight position with the whole leg supported.
- use an ice pack or ice wrapped in a cloth on your knee for 20 minutes at a time - try to do this every 2 hours

## Wound

Your knee will be bandaged. Remove this bandage 24 hours after surgery.

Underneath the bandage, there will be smaller dressings which cover your wounds. Keep the dressings dry.

If you have stitches, the nursing staff will give you instructions for their removal at your GP surgery. They'll also give you information about general wound care.

## Hinged knee brace

You may be fitted with a hinged knee brace for mobilising after surgery.

For details, please refer to the 'Managing your hinged knee brace' leaflet. Your physiotherapist will go through this with you.

When mobilising, you must lock your brace straight.

When resting with your leg straight, you can unlock or remove your brace. Do not bend your knee more than 90°.

A physiotherapist will teach you how to put on, take off, lock, and unlock your brace. Once your leg is comfortable, you do not need to wear your brace while in bed at night.

## Patient Information

### **Mobilisation**

You'll be able to fully weight bear using elbow crutches with your leg held in extension in the brace. At 4 weeks you will be allowed to fully weight bear without the brace.

Avoid squatting beyond 90 degrees, pivoting, twisting and cutting like manoeuvres for 3 months.

### **Exercises**

The success of your operation will often depend on you following the rehabilitation guidance given to you by the physiotherapist.

Although your knee may be sore after the operation, start these exercises to:

- build up the muscles around your knee
- regain range of movement

Complete the exercises 3 times a day.

### **Deep breathing exercises**

A. Take a deep breath in through your nose.

B. Hold for a couple of seconds, and then breathe out through your mouth.

C. Repeat this 3 times. Complete this exercise every hour.

## Patient Information

### Foot and ankle exercises



- A. Pump your ankles up and down for 10 seconds.
- B. Circle your ankles one way for 10 seconds. Then, circle your ankles the other way for 10 seconds.
- C. Complete this exercise every hour.

### Static quadriceps (knee bracing)



- A. Lie on your back.
- B. Straighten your knee and tighten the muscle on the front of your thigh.
- C. Hold for 10 seconds, then relax. Repeat 10 times.

## Patient Information

### Static glutes



- A. Squeeze your buttocks together and hold for 10 seconds.
- B. Make sure your thighs stay relaxed and only your bottom muscles are working.
- C. Repeat 10 times.

### Active assisted flexion (bending)



- A. Lie or sit on the bed with your leg straight out in front of you. Unlock your brace if you have one to allow your knee to bend.
- B. Place a plastic bag, or something to help your foot slide, underneath your heel.
- C. Using your hands to support around your thigh, bend your knee by drawing your heel towards your bottom. Stop when your knee gets to 90 degrees. If you have a brace, use the dial to guide you.
- D. Fully straighten your knee after each repetition. Repeat 10 times.

You can also complete this exercise seated on a chair.

## Patient Information

### **Discharge**

You'll be discharged when your doctor and physiotherapist have assessed you as medically and physically fit for home.

Arrange for someone to drive you home. Have a responsible adult stay with you for the first 24 hours.

### **Follow up**

Physiotherapy is essential after the operation. You'll be contacted with an urgent outpatient physiotherapy appointment after you're discharged.

Please contact the physiotherapy department if you do not have information about this appointment after 1 week.

### **More information**

Call your consultant's secretary if your wound:

- becomes red or inflamed
- starts to ooze or discharge
- starts to bleed
- starts to smell

For out-of-hours help, go to A&E or the Urgent Treatment Centre.

If you have any questions or worries about your physiotherapy, please call the Orthopaedic Therapy Department between 8am and 5pm.

Images taken within the Trust.

## Patient Information

### Contact details

#### Consultant's secretaries

Mr P Thompson	024 7696 5097
Mr A Metcalfe	024 7696 5064
Mr F Shah	024 7696 5096
Mr N Smith	024 7696 5080
Mr D Ramoutar	024 7696 5079

#### Orthopaedic Therapy Department, 8am to 5pm

Rugby St Cross: 01788 663 257

University Hospital Coventry and Warwickshire 024 7696 6013

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