POST-OPERATIVE PROTOCOL

Arthroscopic Meniscal Repair

Keyhole surgery to stitch a torn meniscus (knee cartilage)

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This sheet takes you through your recovery, phase by phase, after keyhole surgery to stitch a torn meniscus in your knee. The repair takes several months to heal firmly, so it is protected at first; after that, the movement, the strength and then sport are built up step by step.

WEIGHT	BENDING	EXERCISES	ALL SPORT
Part weight for 6 weeks	Up to 90° for 6 weeks	3 times a day	From 6 months

Your operation

Each knee has two menisci: C-shaped pads of tough, rubbery cartilage between the thigh bone and the shin bone, which cushion the joint and help to keep it steady. A meniscus can tear with a twisting injury, often during sport, or, with age, from everyday wear. A torn piece can cause pain and swelling, and can make the knee catch or lock.

In an arthroscopic meniscal repair, the surgeon looks inside the knee with a small camera, through two or three small cuts (keyhole surgery), and stitches the torn meniscus back together, or back to the edge of the joint, so that it can heal.

The stitches hold the tear while it heals, which takes several months: too much weight on the leg, or bending the knee a long way, too early could pull the repair apart. That is why, for the first 6 weeks, you put only part of your weight on the leg, and bend the knee only up to a right angle (90°).

If your tear was at the root of the meniscus, where it is fixed to the bone, or your ACL was reconstructed at the same time, your programme is different: follow the one Dr Malik gives you.

Your limits

- Weight: for the first 6 weeks, put only part of your weight on the leg, and let your crutches take the rest; your physiotherapist will show you how much.
- Bending: for the first 6 weeks, bend the knee only up to a right angle (90°), and no further, in every exercise and in everyday life.
- Brace: wear your knee brace as you were instructed.

Walking and your crutches

- You will be given crutches, and shown how to use them before you go home.
- Getting in and out of bed, or a car, support the operated leg with your hands or your other leg, so that its own muscles do not have to bend the knee.

- On stairs, hold the rail: go up with your good leg first, and come down with your crutches and your operated leg first.
- In the first days, rest more than you walk, and avoid anything that makes the knee more painful.

While the repair heals, avoid

- Bending the knee with its own muscles, for example curling your heel up towards your bottom, for the first 3 weeks: let your other leg or your hands do the work. The muscles at the back of the thigh pull close to the repair.
- Kneeling, deep squats, sitting cross-legged, and squatting on the floor or on an Indian-style toilet, until Dr Malik agrees, usually not before about 4 months: bending the knee a long way under your weight squeezes the repair.
- Running, jumping, twisting or pivoting on the leg, and sudden turns, until your physiotherapist adds them, usually not before about 4 months.

Easing pain and swelling

- Take your painkillers regularly, as prescribed: good pain relief makes the exercises and walking easier. If the pain is not controlled, contact the clinic.
- Use anti-inflammatory medicines, such as ibuprofen, only sparingly, as some may slow the healing of the repair: other painkillers, such as paracetamol or tramadol, are preferred.
- Raise the leg when you rest, lying down with pillows under your calf and heel, so that the heel is higher than your hip. Do not rest with a pillow under the knee: let it stay straight.
- An ice pack wrapped in a thin towel, for up to 20 minutes at a time, several times a day, eases pain and swelling; so does a stretchy bandage. Keep the dressings dry.

CONTACT THE CLINIC URGENTLY IF

- You have a fever, or feel unwell.
- A wound, or the whole knee, becomes red, hot or much more swollen, or a wound starts to leak.
- The pain suddenly gets much worse, or your painkillers are not controlling it.
- Your foot goes numb, or your toes turn cold, pale or blue.
- You have pain or swelling in your calf.
- You have a fall, or the knee locks and will not straighten, gives way, or suddenly feels different.

Clinic: +91 99197 03477. If you are short of breath or have chest pain, go to the nearest emergency department straight away.

BEFORE YOU BEGIN

- Start these exercises on the day after your operation, unless you are told otherwise. For the first 6 weeks, keep to part weight on the leg, and bend the knee only up to a right angle (90°).
- For the first 3 weeks, do not bend the knee with its own muscles: let your other leg or your hands do the work.
- Little and often is best in the first days. Move slowly and smoothly, and never force the knee.
- Some aching, stretching or discomfort during the exercises, and for up to 30 minutes afterwards, is normal. If the pain or the swelling increases a lot, or has not settled by the next day, do less, and tell your physiotherapist.
- The timings are a guide. Follow these exercises as they are written unless Dr Malik tells you otherwise.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

WEEKS 0–6

Phase 1: Protecting the repair

The repair is at its most fragile. For the first 6 weeks, put only part of your weight on the leg, and bend the knee only up to a right angle (90°); for the first 3 weeks, do not bend it with its own muscles: let your other leg or your hands do the work. Keep the leg raised, with the knee straight, whenever you sit or lie down. Getting the knee fully straight early matters most: a knee that stays bent becomes harder to straighten later.

01 Pumping the ankles

Helping the blood flow in the leg, and easing the swelling.

1. Lie or sit with your leg raised on pillows.
2. Pull your foot up towards you, then point it away from you, briskly but smoothly.

REPETITIONS	HOW OFTEN
20	3 times a day

02 Tightening the thigh muscle

Waking up the muscle at the front of the thigh, which straightens the knee.

1. Sit with your legs up on the bed or sofa, with a rolled-up towel or a small pillow under your operated knee.
2. Pull your foot up towards you, and press the back of the knee down into the towel, so that the knee straightens.
3. Keeping the knee on the towel, lift your heel about a centimetre off the bed. Hold, then relax.

HOLD	REPETITIONS	HOW OFTEN
10 to 15 seconds	10 to 15	3 times a day

03 Lifting the straight leg

Strengthening the thigh muscle, so that the knee holds steady when you walk.

1. Lie on your back, or sit leaning back on your elbows, with your other knee bent and that foot flat on the bed.
2. Tighten the thigh muscle of your operated leg, so that the knee is straight, and pull your foot up towards you.
3. Keeping the knee straight, lift the leg until it is level with your other knee. Hold, then lower it slowly.
4. If the knee bends as you lift, keep practising exercise 02 for a few more days.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10	3 times a day

04 Bending the knee, with help

Bending the knee with your other leg doing the work, so that its own muscles stay relaxed.

1. Sit on a chair, or on the edge of the bed, with both feet on the floor.
2. Cross your other leg in front of the operated one at the ankle. Keep the operated leg relaxed.
3. Use your other leg to push the operated foot gently back, bending the knee only up to a right angle (90°), and no further. Hold.
4. Then hook your other foot behind the operated ankle, and use it to bring the leg forward again.
5. From 3 weeks, you can also bend the knee with its own muscles, still only up to 90°.

HOLD	REPETITIONS	HOW OFTEN	LIMIT
5 seconds	10	3 times a day	Up to 90° for 6 weeks

05 Straightening the knee

Getting the knee straight, which matters most in the early weeks.

1. Sit with your operated leg out in front of you, the heel resting on a rolled-up towel or a cushion, so that the back of the knee is not supported. You can also rest your heel on a stool.
2. Place your hand just above the kneecap, and press gently to push the knee straight.
3. Hold, then relax.

HOLD	REPETITIONS	HOW OFTEN
20 seconds	4	3 times a day

06 Lifting the leg to the side

Strengthening the muscles at the side of the hip, which keep you steady when you walk.

1. Lie on your good side, with your lower knee bent for balance and the operated leg on top, straight.
2. Keeping it straight and in line with your body, with your toes pointing forwards, lift the operated leg up towards the ceiling.
3. Hold, then lower it slowly.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10	3 times a day

07 Heel raises, sitting

From 2 weeks: strengthening the calf without putting weight through the knee.

1. Sit on a chair with both feet flat on the floor.
2. Lift both heels as high as you can, pressing through the balls of your feet. Hold, then lower them slowly.
3. When this is easy, press down on your knees with your hands as you lift.

HOLD	REPETITIONS	HOW OFTEN	START
5 seconds	10 to 20	3 times a day	From 2 weeks

08 Bridging, with your heels raised

From 2 weeks: strengthening the buttocks and the backs of the thighs, with the knee almost straight.

1. Lie on your back on the bed, with your heels resting on two firm pillows and your knees only slightly bent.
2. Squeeze your buttocks and lift your bottom off the bed.
3. Hold, then lower slowly.

HOLD	REPETITIONS	HOW OFTEN	START
5 seconds	10	3 times a day	From 2 weeks

> **MOVING ON** Move on at about 6 weeks, when Dr Malik agrees, the knee straightens fully, the swelling is settling, and you can lift the straight leg without the knee bending.

WEEKS 6–9

Phase 2: Walking normally

From about 6 weeks, when Dr Malik agrees, put your full weight on the leg, and stop using the brace and crutches once your thigh muscle is strong and you walk without a limp. You can now bend the knee gradually beyond a right angle, as comfort allows. Carry on with the Phase 1 exercises, and add these.

09 Bending the knee, standing

From 6 weeks: strengthening the muscles at the back of the thigh.

1. Stand holding on to a kitchen worktop or the back of a sturdy chair.
2. Bend your operated knee, bringing your heel up towards your bottom, as far as is comfortable.
3. Hold, then lower slowly. Do not use ankle weights.

HOLD	REPETITIONS	HOW OFTEN	START
5 seconds	10 to 15	3 times a day	From 6 weeks

10 Standing on one leg

From 6 weeks: getting back the balance and control of the knee.

1. Stand on your operated leg, with the knee very slightly bent, lightly holding on to a kitchen worktop.
2. Keep your balance for up to 30 seconds.
3. As it gets easier, let go; later, try it standing on a cushion.

HOLD	REPETITIONS	HOW OFTEN	START
Up to 30 seconds	5	3 times a day	From 6 weeks

11 Mini squats

From 6 weeks: strengthening the thigh and hip muscles, with the knee bending only a little.

1. Stand with your back against a wall, your feet hip-width apart and about a foot's length in front of you.
2. Slide down the wall a short way, bending your knees only a little: well short of a right angle.
3. Keep your knees in line with your toes. Hold, then slide back up.

HOLD	REPETITIONS	HOW OFTEN	START
5 seconds	10	3 times a day	From 6 weeks

> MOVING ON Move on at about 9 weeks, when you walk normally, without a limp, and exercise no longer leaves the knee swollen the next day.

WEEKS 9–16

Phase 3: Getting stronger

Your physiotherapist will build up the strength, balance and control of your leg. Until about 4 months, keep squats, steps and lunges shallow, well short of a right angle; you can now add a cross-trainer.

12 Step-ups

From 9 weeks: strengthening the leg for stairs and everyday tasks.

1. Stand facing the bottom step of the stairs, holding the rail.
2. Step up with your operated leg, then bring your other foot up beside it.
3. Step back down with your operated leg first, then the other.
4. Start with a low step, and use a higher one only when your physiotherapist agrees.

REPETITIONS	HOW OFTEN	START
10 to 15	3 times a day	From 9 weeks

> MOVING ON Move on at about 4 months, when the knee no longer swells after exercise and your physiotherapist has checked your strength and balance.

FROM ABOUT 4 MONTHS

Phase 4: Running, then back to all sport

Once your leg has most of its strength back and your physiotherapist agrees, running starts gradually, with short spells of jogging between walking; then jumping, landing, changes of direction and deeper squats, step by step, as long as the knee does not become painful or swollen. A return to all sport, without restrictions, is usually from about 6 months, when your physiotherapist and Dr Malik agree.

Getting back to everyday life

- Driving: ask your doctor before you drive again. When you can depends on your progress, and on feeling confident that you can control the car safely, including an emergency stop.
- Work: when you can go back depends on your job; ask at the clinic before you return.
- Exercise bike: from about 6 weeks, when Dr Malik agrees, as turning the pedals bends the knee a long way; start with no resistance.
- Swimming: from about 6 weeks, once the wounds have healed and Dr Malik agrees, with a gentle front-crawl leg kick; no breaststroke kick until your physiotherapist agrees.
- Sport: lighter exercise, such as swimming and the exercise bike, comes first, and running usually from about 4 months; a return to all sport, without restrictions, is usually from about 6 months. Your return is built up gradually, and planned separately for each person, depending on the sport and what it demands of your knee.

What to expect

A repaired meniscus takes several months to heal firmly, so recovery is slower than after a torn piece is trimmed away; in return, keeping your meniscus helps to protect the knee in the long term. Smoking slows healing, so stopping helps. The aim is a comfortable, stable knee that bends and straightens as freely and as far as it allows, which varies from person to person.

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