

**POST-OPERATIVE GUIDELINES: KNEE ARTHROSCOPY WITH MCL REPAIR,
RECONSTRUCTION &/OR AUGMENTATION**

IMMEDIATELY POST-OPERATIVELY

- You will wake up in the recovery area of the operating theatres
- There will be a heavy bandage and brace on your knee
- There will be a nurse there to look after you and monitor your recovery
- You will be kept comfortable but, if you are in pain, tell the nurse and you will receive additional pain killers
- Your surgeon will see you in recovery, or back on the ward, to tell you about your operation and to answer any questions you may have

DISCHARGE FROM THE RECOVERY AREA AND/OR HOSPITAL

- If you have recovered sufficiently from the procedure to go home safely, you will be discharged in the company of a carer on the day of the surgery
- Some patients will spend a night in hospital
- Before you go home, you will be given a prescription for painkillers and advised by your anaesthetist and/or surgeon on how to take these medications. You should be able to control your pain with these medications.

BETWEEN DISCHARGE AND YOUR FIRST POST-OPERATIVE REVIEW

- Rest and ice your knee for the first 48 hrs. Apply ice for 20 minutes at a time every 3-4 hours.
- TAKE THE ANALGESIA AS PRESCRIBED BY THE ANESTHETIST
- Keep your knee elevated when not walking around, above the level of your heart. It may be easier to recline or lie down.
- You will be partially weight bear only on the operated knee, using crutches
- Phone Dr. Porter's rooms to confirm the date and time of your post-operative review, and an appointment to see your physiotherapist within a few days after that first post-operative review.

Dr. Porter will review you on _____/_____/_____

- The only exercises you will be able to perform prior to seeing your surgeon post-operatively are those shown below.

1. Calf Pumps

Pull toes & ankle up, then push toes and ankle down.

Repeat: 20 times

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2. Co-contraction

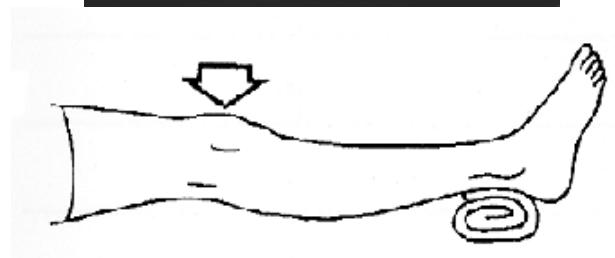
Contract your hamstrings by pushing your heel into the bed and then co-contrast your quadriceps while holding the hamstring contraction. This exercise may also be performed with a rolled towel behind the knee and attempt to squash the towel while keeping your heel on the bed.



Hold: 5-10 seconds.

Repeat: 10 times

If you are having trouble getting your knee completely straight, try to perform the same exercise while your heel is resting on a rolled-up towel. As your quadriceps contract try to push your knee into the floor.



3. Straight leg raising

Lie on your back, on a firm surface. Keep the knee that has been operated on straight, while the other knee is bent to approximately 90dg. While keeping the operated knee straight, lift it 6 inches off the ground and hold it there for 5-10 seconds before lowering it again. Repeat this 10 times.



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4. Knee flexion

For the first 3 weeks following surgery you are allowed to bend the knee to 90dg. Thereafter you will be allowed to bend it as far as normal.

You will be encouraged to bend the knee as close to the permitted range as possible, hold for 10 seconds and then straighten again. Repeat x 10



YOUR DRESSINGS

- Under your bandage there will be a layer of “soft band” – cotton wool bandage, and under that the dressings covering the wound. The wounds will be closed with “dissolvable” sutures.
- If you are seeing the surgeon for your post-operative review within 10 days, leave all the bandages intact until then.
- If your appointment is 10 days or more later, you can “de-bulk” the bandages after 7 days. This involves taking off the bandage and the cotton wool. It is common for there to be some blood visible under the bandage and/or some bruising, so this should not cause alarm. Leave the dressings covering the wounds until you attend your follow up appointment.
- YOUR WOUNDS MUST BE KEPT CLEAN AND DRY UNTIL REVIEW
- You may notice some bruising below the bandage and this can spread down the leg. This is normal and should not cause concern but contact your surgeon if it does

FIRST POST-OPERATIVE REVIEW- (/ /)

- At this appointment Dr. Porter will check the wounds and redress them as appropriate. You will also be instructed on what exercises you are allowed to perform and how much weight you are allowed to place on the operated leg

POST-OPERATIVE REHABILITATION (show this to your physiotherapist)

- A hinged brace is worn for a total of 6 weeks. It is set at 0-60 degrees for the first 3 weeks, then 0-120 degrees for three weeks
- Weight bearing status: partial weight bearing for first 3 weeks (up to 50% of body weight) with the brace on (0-60dg) and then full weight bearing for the second 3 weeks with the brace on (0-120dg). Full weight bearing without the brace is allowed at 6 weeks post surgery

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RETURN TO WORK

- If your job is office-based/ clerical you may be able to return to work soon after the first post-operative review
- If your job is light manual, then you may be able to return to some of the lighter duties within 6 weeks, and while wearing the brace
- A return to heavy manual activities is usually not possible for at least 6 months

RETURN TO WALKING

- Most patients will be able to walk without crutches within 6 weeks of the surgery

RETURN TO DRIVING

- This is not usually possible until walking without pain, that is around 6 weeks

RETURN TO SPORT

Generally you will be able to return to the following activities within the time frames stated:

- Upper body weights within 10-14 days
- Stationary cycling at 4 weeks (when you have sufficient range of motion)
- Road cycling at 6-10 weeks
- Water based training at 6 weeks, but no breast-stroke or egg-beater kick
- Running at 12-14 weeks
- Return to pivoting and contact sports 6 months at the earliest

COMPLICATIONS

Contact your surgeon's rooms, your own GP, the hospital where your procedure was performed or a local A&E department should you develop:

- **Severe pain not controllable with ice, elevation and the medication prescribed**
- **significant bleeding, swelling, numbness, loss of power or color changes in the operated limb**
- **fevers, chills or night sweats**
- **chest pain or shortness of breath**
- **any other symptoms that are worrying you**

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PHYSIOTHERAPY OUTLINE

WEEKS	WEIGHT BEARING	ROM	BRACE	STRENGTH	SPORTS
1-3 inclusive	Partial (<50%)	0-90dg	For mobilizing	Quad setting, co-contractions, SLRs	Stationary cycle (no brace), swim but no leg kick (pool buoy)
4-6 inclusive	Full	0-120dg	For mobilizing	Quad setting, co-contractions, gentle CKC	Stair climbing (no brace), swim (no breast-stroke kick)
>6	Full	Full	nil	CKC as tolerable	Stair climb (no brace)
>10	Full	Full	nil	Gradual return to weight training	Running when strength and balance are normal