

# Post Operative - Meniscectomy

Information for patients, relatives and carers

September 2025

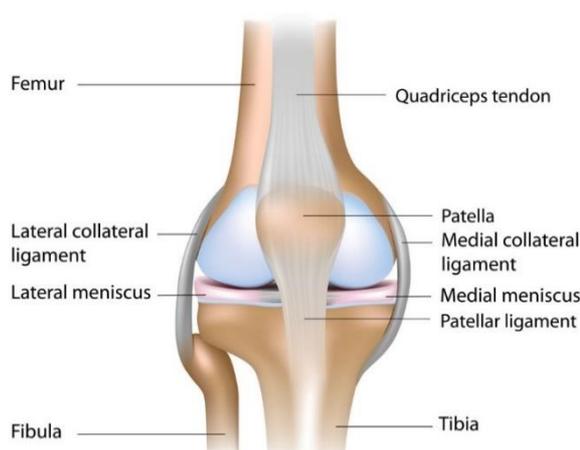
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## Anatomy

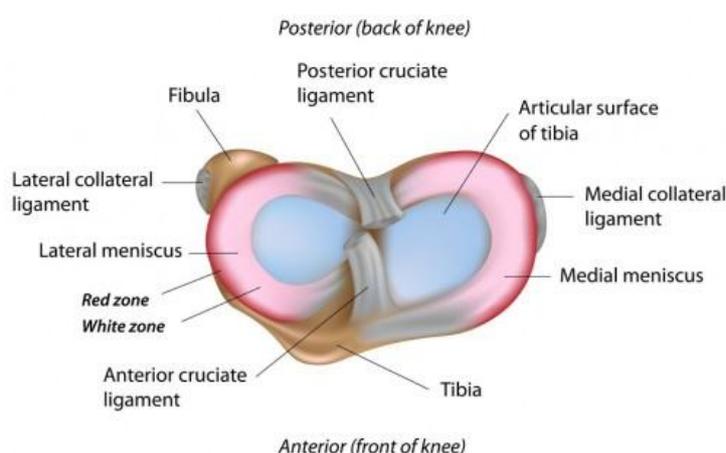
The meniscus is a 'C' shaped structure made of cartilage which sits between your tibia (shinbone) and your femur (thigh bone). There are two menisci in the knee, one on the inner (medial) side and one on the outer (lateral) side of the knee. The meniscus works as a shock absorber and spreads the load on the surfaces of the knee.

A meniscus tear can be a result of degeneration. Acute injury may occur during activities that involve a forceful twisting motion. Some meniscus tears can heal without surgical management.

Anterior (front) view of the right knee



Superior (top) view of the right knee



## Indication for surgery

Meniscus tears may be confirmed on MRI and can be surgically managed if you have persistent symptoms, restriction in function, catching or locking of the knee.

## What is a Meniscectomy?

A Meniscectomy is performed by arthroscopy (key hole) surgery. The surgery is performed by two or three small incisions on the front or sides of the knee. A meniscectomy involves using small cutting instruments to trim away any loose or torn meniscus.

## Recovery after surgery

### Goals of rehabilitation:

- Restore knee range of movement, especially being able to straighten the knee
- Regain thigh strength
- Reduce swelling
- Adequate pain control
- Regain normal walking pattern
- Gradually return to your functional tasks

## Discomfort

Post-operative pain, swelling, and bruising are a normal part of the recovery process. The muscles and tissues surrounding your new joint will take time to heal. It is likely you will require pain relief medication on a reducing basis over several weeks following the surgery. Crutch use, ice, activity pacing and rest may help.

Following your discharge from hospital; you need to apply an ice pack three to four times daily for 15-20 minutes. You will be able to reduce the frequency after this time, but will find that you will benefit from ice therapy for up to three months to help manage the swelling.

If you have any concerns regarding managing your pain, please discuss this with your GP

## Swelling

Swelling and inflammation is a normal part of the healing process. Dependant on your surgery this can last up to a few months. Swelling of the leg is different for everyone and may cause the leg to ache and feel very heavy.

Elevating your leg on a stool or on the bed will also help manage the swelling. **Do not** rest a pillow underneath your knee in a semi bent position. Although this may feel comfortable, it may cause problems with your movement and walking pattern.

**If your leg suddenly becomes swollen, red, hot, painful or inflamed and you are unable to walk on your operated leg, call your GP as soon as possible. If your GP surgery is closed, go to your nearest A&E Department.**

## When should I seek help?

You should see your doctor urgently if you:

- Have a sudden increase in severe pain, swelling or tenderness in the calf which is getting worse and not just related to pain expected while performing the exercises.
- Have concerning pain, swelling or tenderness in the joint which is getting worse.
- Develop a persistent high temperature and feel generally unwell.
- See fluid, pus or blood coming from the wound.
- Develop new numbness or tingling near to the joint.

## Mobility and Walking aids

You must try to walk normally as soon as you can. However, it is important to avoid walking with a limp so you may need to use a stick or crutches for a few days to help you walk without a limp. A physiotherapist will provide you with walking aids and show you how to use them. They will also complete a stair/ step assessment as required.

Use crutches as instructed to allow you to put the weight through your leg in the correct manner i.e. walking with the heel going down first, and also not walking on a bent knee.

When you feel you are walking normally discard the crutches or wean to one crutch on the opposite arm to your operated leg if you still require some aid.

## Stairs / Steps with crutches



### Going up stairs with a rail

Keep your crutch(es) on the step you are standing on.

Step up with your un-operated leg, then your operated leg and then bring your crutch(es) up onto the same step.



### Going down stairs with a rail

Put your crutch(es) down first into the middle of the step below Step down with your operated leg and then follow by your un-operated leg.



### Going up stairs without a rail

Keep your crutches on the step you are standing on.

Step up with your un-operated leg, then your operated leg and then bring your crutches up onto the same step.



### Going down stairs without a rail

Put your crutches down first into the middle of the step below Step down with your operated leg and then follow by your un-operated leg.

## Physiotherapy

Attending physiotherapy is often not required following this procedure but is important to follow the exercise guidance in this leaflet. On discharge you will be provided with your local physiotherapy team contact details so that if you are having problems you can self-refer to physiotherapy. You can also find these contact details in this leaflet.

If you are a **registered patient** of a Gateshead or Newcastle GP, the **Tyneside Integrated Musculoskeletal Service (TIMS)** will be your physiotherapy provider:

<https://www.tims.nhs.uk/>. Booking team telephone number - **0191 445 2643**

If you are a registered patient of **Durham GP**, the county Durham integrated MSK service will be your physiotherapy provider: <https://patient.inhealthcare.co.uk/selfenrol/v2/form>

If you are an **out of area resident** (Registered to a GP out of Newcastle/Gateshead/Durham) the Queen Elizabeth Hospital will arrange your physiotherapy by contacting them: **0191 445 2320**

You will be seen in orthopaedic clinic after your surgery, physiotherapy can also be requested then if necessary.

## Exercises

It is important that you continue doing the exercises that have been given to you by the physiotherapist on being discharged. These exercises should be completed **three to four times a day**.

It is normal to experience additional discomfort whilst doing these exercises and for up to an hour afterwards. Try taking your pain medication before exercising and using an ice pack afterwards.

Start with the first stage of exercises and progress the exercises in the timeframes advised.

## Phase 1 Exercises

To be performed from 0-2 weeks post operatively.

Lie on your back with your legs straight out in front of you:



### Ankle pumps

Move your ankles up and down.

**Repeat 10-20 times, 3-4 times a day**



### Heel Slides

Slide the heel of the operated leg along the floor and bend towards your buttock, trying to bend at your knee.

**Repeat 10 times, 3-4 times per day.**



### Thigh muscle (Quadriceps) strengthening

Tense your thigh muscle by pushing your knee down against the bed or floor.

This exercise can be made easier by placing a rolled towel underneath your knee.

**Hold for 5-10 seconds, Repeat 10 times, 3-4 times a day.**

## Phase 2 Exercises

To be performed 2-8 weeks post operatively.  
Initially repeat these exercises 3-4 times per day.



### Squats to a chair

Sit in a chair with your feet flat on the floor. Cross your arms in front of your chest. Stand up, then slowly sit back down.

**Repeat 10 times, 3-4 times per day.**



### Double calf raise

Hold onto a supportive surface with your legs hips width apart.

Keeping your knees straight, rise up on to your toes, and control the movement as you lower back down.

**Repeat 10 times, 3-4 times per day.**



### Bridge

Lie on your back with your knees bent and your feet flat on the floor.

Tighten your buttock muscles and lift your hips up off the bed, slowly lower down back to the floor.

**Repeat 10 times, 3-4 times per day.**



### Single leg balance

Hold onto a supportive surface and stand on your operated leg and hold for 10 seconds.

If this is easy you can progress to one hand holding a supportive surface and then no hands.

**Repeat 5 times, 3-4 times per day.**

To increase the difficulty of these exercises in order to progress strength. Complete them 10-15 repetitions, 2-3 sets. 4-5 times per week.

## Phase 3 Exercises

8-12 weeks onwards.

These exercises are suitable if you feel the stage 2 exercises are no longer challenging and you want to progress to a higher level of exercise. Progress to these exercises once your pain and swelling has significantly reduced.

Repeat these exercises 4-5 times per week.



### Single leg calf raise

Hold onto a supportive surface and stand on your operated leg.

Keeping your knees straight, rise up on to your toes, and control the movement as you lower back down.

**Repeat 10 times, progress with 2 to 3 sets.**



### Static lunge

In standing step your operated leg forward and lift your back heel.

Bend at your knees and lower your body down towards the floor to comfortable level.

Rise back up to slowly and controlled.

**Repeat 10 times, progress with 2 to 3 sets.**



### Step up

Stand with a step in front of you. Step up with your operated leg and bring your other leg through to a high knee. Step this leg back down to the floor with control.

**Repeat 10 times, progress with 2 to 3 sets.**



### Single leg bridge

Lie on your back on the bed or floor with your knees bent and your feet flat on the bed.

Lift your un-operated leg slightly off the floor. Keep your operated leg in contact with the floor prepare to lift through a single leg.

Tighten your buttock muscles and lift your hips up off the floor, slowly lower down back to the floor.

**Repeat 10 times, 3-4 times per day.**

### When can I return to exercise?

Start by slowly building up walking with short distances and completing your physiotherapy exercises. Initially you may have some discomfort. After 1-2 weeks progress gradually with longer distances as comfort allows, you can start gentle cycling or swimming once your wounds have healed.

Avoid any high impact exercise, such as running until at least 6 weeks and build up any high impact exercise gradually. This should be once your knee is feeling comfortable, strong and no longer swollen.

It may take 6-12 weeks or several months before your knee symptoms subside and can cope with high impact exercise.

If you want to return to sport, progress to high impact rehabilitation with agility and plyometric exercise e.g. burpee, jump squats, single leg hopping, and running drills with change in direction. Before returning to sports training make sure your knee can cope with these movements.

Once you feel you are coping with this level of exercise, gradually return to sports training. If you play contact sport begin with non-contact training.

### Work

You should return when you feel able to cope with the physical demands of your job. This will be sooner if you have a sedentary / desk based job. If you have a heavy manual job you may require up to 12 weeks off work. You can discuss this with your GP or Consultant if you are not sure.

## Driving

You can drive when you feel safe to do an emergency stop and safely control the car. This should be once you are able to walk without any mobility aids, have enough knee movement and power to perform an emergency stop. You must tell your insurance company that you have had knee surgery. If in doubt, contact your consultant or GP.

## Telephone Numbers

If you are at all worried by your knee please contact us:

During the hours of 8am – 8pm contact the Orthopaedic secretaries	0191 445 8500
During the hours of 8pm – 8am contact the Peter Smith Surgery Centre, Queen Elizabeth Hospital	0191 445 2028
During the hours of 08:00 – 16:30 contact the Physiotherapy Department	0191 445 2320
<p>During the hours of 8am-8pm. If you have a Gateshead or Newcastle GP, the <b>TIMS</b> will be your physiotherapy provider.</p> <p>If you have a query about your first appointment with TIMS please contact our booking team on <b>0191 445 2643</b></p> <p>If you are a current TIMS patient and have a query about your follow-up appointment please contact our local admin team on <b>0191 213 8800</b></p>	<p><b>Booking Team:</b> 0191 445 2643</p> <p><b>Local Admin Team:</b> 0191 213 8800 <a href="https://www.tims.nhs.uk/">https://www.tims.nhs.uk/</a></p>
During the hours of 8.30am-12pm and 1-4pm. If you have a Durham GP, the <b>County Durham Integrated MSK Service</b> will be your physiotherapy provider.	<b>Central booking team:</b> 01388 455 200
Main Switchboard	0191 482 0000

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have.

If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on **0191 445 6129** (09.00 – 17.00, Monday to Friday).

You can also email PALS at [ghnt.pals.service@nhs.net](mailto:ghnt.pals.service@nhs.net)

Alternatively, you may wish to complain by contacting our complaints department:

Chief Executive,  
Gateshead Health NHS Foundation Trust,  
Trust Headquarters,  
Queen Elizabeth Hospital,  
Sheriff Hill,  
Gateshead,  
NE9 6SX

The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

## Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website ([Privacy - QE Gateshead](#)) or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email [ghnt.ig.team@nhs.net](mailto:ghnt.ig.team@nhs.net).

**This leaflet can be made available in other languages and formats upon request**