DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Meniscus Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after arthroscopic meniscus repair surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Knee

The knee joint is formed where three bones meet: the thighbone (femur), shinbone (tibia), and kneecap (patella). Between the femur and tibia sit two C-shaped cushions of cartilage called the menisci (medial and lateral) that absorb shock, spread out load across the joint, and add stability.

Meniscus tears happen from twisting injuries (common in sports) or from gradual wear over time. Certain tear patterns and locations — usually in younger patients or in the outer, better-blood-supplied portion of the meniscus — have a good chance of healing if repaired rather than trimmed, which is why Dr. Yao may recommend a repair instead of a meniscectomy.

Meniscus Repair Surgery

Meniscus repair is an outpatient, arthroscopic (camera-assisted) surgery in which the torn edges of the meniscus are stitched or anchored back together so the tissue can heal, rather than being trimmed away. Because the repair needs time to heal — similar to how a cut heals back together — recovery is slower and more protected than after a meniscectomy.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection and can impair the repair's ability to heal. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical leg for the 5 days leading up to surgery.

4. Wear loose-fitting clothing on the day of surgery — you will leave in a knee brace.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to prevent stiffness.

8. Please schedule your first postoperative physical therapy visit **before** the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Crutch & Brace Instructions

Unlike a meniscectomy, a repair needs protection while it heals. You will wear a hinged knee brace and use crutches with limited weight-bearing (usually toe-touch or partial weight-bearing only) for several weeks. Dr. Yao will specify your exact weight-bearing status and brace settings based on the size, location, and pattern of your tear.

- Keep the brace locked in extension (straight) for walking, as directed, until told otherwise.
- Bear only as much weight as instructed — typically toe-touch or partial weight-bearing for the first 4–6 weeks.
- Bend your knee only as far as instructed — usually limited to about 90 degrees for the first 4 weeks to protect the repair.
- Look ahead, not down at your feet, and keep your walking path clear of rugs and cords.
- Practice crutch walking before surgery if possible.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia along with a regional nerve block for pain control. The block typically numbs the front of the leg for 8–24 hours. Your anesthesiologist will review the details with you the morning of surgery.

Postoperative Instructions: Weight Bearing & Bracing

You'll wake up with your leg in a hinged brace, typically locked straight. Follow your specific weight-bearing and motion limits closely — unlike a meniscectomy, putting too much weight or motion on a fresh repair too early can affect healing. Most restrictions ease gradually over 4–6 weeks as the repair heals.

Resting & Sleeping

Sleep with the brace on as instructed, and keep the leg elevated on a pillow to help with swelling.

Bandages, Dressing & Bathing

A light dressing covers your small arthroscopic portal incisions. Keep it clean and dry until your follow-up visit. You may shower with the brace on, keeping the dressing dry with a plastic covering. Sponge bathing is a good alternative if you'd rather not risk getting the leg wet.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by walking, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling of the leg, ankle, and foot is expected. Keep the leg elevated above heart level as much as possible in the first week and use cold therapy over the knee.

Bruising. Bruising can appear down the leg, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Moving frequently — pumping the ankle if you're not weight-bearing — helps prevent blood clots. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Keep motion gentle and within the limits Dr. Yao has set for your repair — avoid forcing the knee to bend further than instructed.

Ankle pumps. Sitting or lying down, pump the ankle up and down. 20 reps, 3 sets, several times a day to help circulation and swelling.

Quad sets. Sit with the leg straight and supported. Tighten the thigh muscle by pressing the back of the knee down toward the floor. Hold 3–6 seconds. 8–12 reps, 2 sets.

Gentle heel slides (within your limit). Slide your heel toward your hips only as far as instructed, then back to straight. 8–12 reps, 2 sets.

Straight-leg raises in the brace. Tighten your thigh and core, keep the knee straight and locked in the brace, and lift the heel a few inches off the floor. 8–12 reps, 2 sets.

Gluteal sets. Lying down with knees straight, squeeze the buttocks for 3–6 seconds, then release. 8–12 reps, 2 sets.

Frequently Asked Questions

What if my dressing gets wet?
Call our office if it becomes saturated so we can bring you in for a change.

Do I sleep in the brace?
Yes, until you're told otherwise at a follow-up visit.

How much can I bend my knee?
Bending is generally limited to 90 degrees for the first 4 weeks, unless Dr. Yao gives you different instructions based on your repair.

How much pain should I expect?
Meniscus repair is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with elevation, ice, medication, and gentle movement.

How long will I need crutches?
Typically 4–6 weeks with limited weight-bearing, longer for larger or more complex repairs.

When can I drive?
Generally once you are off narcotic pain medication, out of the brace or cleared for full weight-bearing, and feel confident you could brake quickly in an emergency.

When can I return to work?
Desk jobs: often within 1–2 weeks. Physical or labor-intensive jobs: typically 2–4 months, depending on demands.

When can I return to sports?
Most guidelines recommend waiting 4–6 months to allow the repair to fully heal, since returning earlier risks re-tearing the repair.

How long will I need physical therapy?
Typically 3–6 months, tapering as strength and confidence return.

Can I get a disability/FMLA note?
Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–4 weeks	Toe-touch or partial weight-bearing in the brace, locked straight for walking. Motion generally limited to 90 degrees.
4–6 weeks	Gradual increase in weight-bearing and motion as instructed; brace typically discontinued around this time.
6 weeks–3 months	Progress strength, motion, and endurance with physical therapy. Stationary biking and elliptical training as tolerated.
3–4 months	Begin jogging progression if strength and motion allow.
4–6 months	Progress toward cutting, pivoting, and sport-specific drills. Return to sport is generally not recommended before 4–6 months.

This is a general framework — your pace may differ based on the size and location of your tear and any combined procedures. Your physical therapist and Dr. Yao will adjust this timeline together with you.

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