DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Partial Meniscectomy Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after a partial meniscectomy (arthroscopic surgery to trim a torn meniscus), 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, especially in older patients. A torn piece of meniscus can catch or fold within the joint, causing pain, swelling, clicking, or a sensation of the knee locking or giving way.

Partial Meniscectomy

Partial meniscectomy is an outpatient, arthroscopic (camera-assisted) surgery in which the torn or frayed portion of the meniscus is trimmed away and the edges are smoothed, while as much healthy meniscus as possible is preserved. Because no tissue needs to heal back together (unlike a repair), recovery is typically faster and less restrictive.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection and slows healing. 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.

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.

8. 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.

After Surgery: Weight Bearing & Crutches

Most patients can put full weight on the leg as tolerated right after surgery. Some use crutches for a day or two for comfort and balance, but a locked brace is generally not needed. If a cartilage procedure or meniscus repair is performed at the same time as your meniscectomy, your weight-bearing instructions may be more restrictive — Dr. Yao will let you know before you leave the surgery center.

- Keep crutches nearby for the first day or two if your leg feels unsteady.
- Walk as normally as you comfortably can — a smooth, even gait helps you recover faster than favoring the leg.
- Ice and elevate between activity as needed for swelling.

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: Most patients receive general or spinal anesthesia, often along with a local injection of numbing medication around the knee. Pain after a meniscectomy is typically much milder than after ligament reconstruction, so a long-acting nerve block is usually not needed.

Postoperative Instructions

A light dressing covers your small arthroscopic portal incisions. Keep it clean and dry for the first 2–3 days, after which you may typically shower and let water run over it briefly — avoid soaking (baths, pools, hot tubs) until your incisions are fully healed, usually about 2 weeks.

Resting & Sleeping

No special positioning or brace is needed for sleeping. Elevating the leg on a pillow for the first few days can help with swelling.

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

Swelling. Mild swelling of the knee is common for the first week and usually resolves faster than after a ligament or cartilage repair. Elevate and ice as needed.

Bruising. Some bruising around the knee or down the shin is normal and will fade over 1–2 weeks.

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

Blood clot precautions. Because most patients are walking normally soon after surgery, blood clot risk is low. Still, seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, or chest pain.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- A dressing that is soaked through with blood or fluid
- Increasing redness, warmth, or drainage from the incisions
- 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

Gentle motion and muscle activation help you recover faster. Increase activity as comfort allows.

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.

Heel slides. Slide your heel toward your hips to gently bend the knee, then back to straight. Move within a comfortable range. 8–12 reps, 2 sets.

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

Walking. Walk short distances at home as comfort allows, gradually increasing as swelling and pain improve.

Frequently Asked Questions

What if my dressing gets wet?

A small damp spot is usually fine. Call our office if it becomes soaked so we can bring you in for a change.

How much can I bend my knee?

In most cases, motion is not restricted — move within your comfort level, unless Dr. Yao gives you different instructions (for example, if a meniscus repair was also done).

How much pain should I expect?

Most patients have mild to moderate discomfort for a few days, improving quickly with ice, elevation, and medication.

How long will I use crutches?

Many patients don't need them at all, or only for a day or two for comfort.

When can I drive?

Generally once you are off narcotic pain medication and feel confident you could brake quickly — often within a few days to a week for a right knee.

When can I return to work?

Desk jobs: often within a few days. Physical or labor-intensive jobs: typically 1–4 weeks depending on demands.

When can I return to sports?

Many patients return to low-impact activity within 1–2 weeks and full sports within 2–6 weeks, depending on symptoms and the extent of tissue removed.

Will I need physical therapy?

Some patients do well with a home exercise program alone; others benefit from a short course of formal PT, typically 2–6 weeks.

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

0–1 week	Weight bear as tolerated; focus on gentle motion, quad activation, and swelling control.
1–2 weeks	Normalize your walking pattern; wean off crutches if used.
2–4 weeks	Return to low-impact activity such as cycling or the elliptical as comfort allows.
4–6 weeks	Progress to running and sport-specific drills if motion and strength have returned.
6–8 weeks	Full return to sport for most patients. Larger resections or combined procedures may take longer.

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

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