



## KNEE ARTHROSCOPY

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### **What needs to be done before surgery?**

A full medical history and physical examination are required prior to surgery. This may be done in our office or a medical clearance may be requested from your medical doctor (especially if you have heart, lung, or multiple medical problems). Typically, this needs to be done within a month of your procedure.

We will give you the date of surgery but the time of surgery can change as late as the day before surgery. The hospital will call you the day before surgery with the exact time to arrive for surgery.

**MOST IMPORTANTLY: Do not eat or drink anything after midnight the night before surgery or your surgery will be cancelled.** The hospital staff will tell you which of your medications to take the day of surgery (with a *SMALL* sip of water only) during the interview with the hospital.

### **What is the schedule the day of surgery?**

Typically the hospital will ask you to arrive about two hours before surgery. The time the surgery actually starts may vary, including on the day of surgery, depending on how long the cases before yours (if any) take. You will be checked in and brought into the pre-operative holding area. An IV will be started and the staff will check your paperwork. You will be asked which knee is the proper knee for surgery and a mark will be placed on that knee. Once you are taken back to the operating room, it takes about twenty minutes to get situated. Surgery lasts anywhere from thirty minutes to an hour or so. Don't be alarmed if surgery takes a bit longer; occasionally additional problems needing treatment are encountered. After surgery, you'll spend an hour or so in the recovery room. Your visitors will generally be able to see you anywhere from fifteen to thirty minutes after you arrive in the recovery room.

You must have a ride home following surgery; you will not be allowed to drive yourself.

### **What are the risks associated with knee arthroscopy?**

There are many possible risks associated with a knee arthroscopy, ranging in severity from minor swelling to death. Pain, swelling, and difficulty walking for several days after surgery are to be expected in virtually all cases.

- Even with perfect equipment, flawless execution of surgery, and a relatively straightforward procedure, some risks are unavoidable:

- A small percentage of patients may have an adverse reaction to the medications used for anesthesia; this may rarely be fatal. The anesthesiologist will provide more information regarding the type of anesthesia used and the risks associated in the pre-operative area.
- Some loss of blood is expected with any surgery, and arthroscopy is no different. Fortunately, it is rare to lose more than a drop or two.
- Infection can occur for a variety of reasons. Some medical conditions (like diabetes) raise the risk of infection. We decrease the risk with pre-operative antibiotics, sterile equipment, and sterile practices in the operating room. Also, arthroscopy uses large volumes of sterile saline (fluid) to be able to view the inside of the joint. This fluid serves to continuously flush the joint, further diminishing the risk of infection. Studies have shown that antibiotic prescriptions for after surgery are not routinely necessary. We may use them in certain situations, however.
- Nerve injury is rare with arthroscopy. Occasionally, one of the small nerve branches providing sensation to the front of the knee is irritated, causing pain and hypersensitivity. This is generally treated with a prescription for nerve medicine and physical therapy.
- Blood clots occur in up to 9% of knee arthroscopies (about 2% occur high in the leg, a more dangerous situation). If a blood clot is discovered, it is generally treated with a combination of intravenous (requiring admission to the hospital) or injected medication to thin the blood followed by a long course of oral medicine. Patients with prior history of blood clots have an increased risk of developing further clots and may require blood thinners after surgery. It is recommended that patients consider taking a daily aspirin (325mg) for about two weeks after surgery as long as there are no allergies or medical problems that prevent them from doing so.
- Another factor that needs to be considered prior to agreeing to undergo surgery is the risk that surgery will not cure the problem being addressed by the surgery. This risk is less likely following surgery for meniscus tears or for loose bodies, for example, and somewhat more likely for surgery to repair articular cartilage (cartilage lining the end of the bone) defects.

### **What are the risks of not having surgery?**

The main risk associated with having no surgery is the likelihood that your problem will remain as is. Most of the conditions treated with arthroscopy will not spontaneously resolve on their own. For instance, a meniscus tear rarely heals on its own because the blood supply to the majority of the meniscus is limited.

Damaged cartilage lining the end of the bone likewise often needs to be trimmed or “stimulated” to heal as it also has a limited blood supply.

Probably more concerning is the possibility of worsening of the problem. Meniscus tears may increase in size if untreated, potentially causing locking of the knee joint or damage to the articular cartilage (arthritic changes).

### **What are the alternatives to arthroscopy?**

By the time we’ve reached the decision to proceed with surgery, you and I have typically exhausted the conservative treatments for your knee injury. Living with the injury and dealing with the discomfort is one option. Open surgery (with large incisions, not using the arthroscopic camera) is another option (but is rarely performed today).

### **What will my recovery be like?**

Recovery following an arthroscopy is determined by several factors. Probably the most significant variable is the degree of damage within the knee joint. More degenerative (arthritic) knees typically take longer to heal no matter what the reason surgery is being performed.

Crutches may be used for three or four days following surgery. In some special situations, crutches are required for a month or six weeks (you will usually be told in advance of surgery in this situation). Expect swelling and pain for at least a week. It may take three weeks or so before you can return to a job where extensive standing or walking is required. In some situations, such as a severely degenerative knee or in articular cartilage surgery, it may be three or four months until significant improvement is noted. Continued improvement is expected at a slower rate until about six months and an even slower rate until about a year after surgery.

### **Is physical therapy needed afterward?**

I infrequently order formal physical therapy following routine knee arthroscopy (in certain more complicated situations, therapy is always ordered). Physical therapy is always helpful in the recovery of function following any knee arthroscopy. In particular, more rapid recovery of motion, decreases in swelling of the joint, and improvement in pain are common if physical therapy is performed. However, there are investments of time and money necessary to participate in formal physical therapy that are not always realistic for all patients. Feel free to ask at any time for a referral, and I will always suggest that you go to physical therapy if I feel that it would markedly improve your healing process.

For further information on your diagnosis and knee arthroscopy, the American Academy of Orthopaedic Surgery has extensive patient informational articles at:

<http://orthoinfo.aaos.org/>