



Knee Arthroscopy Book

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Normal knee function

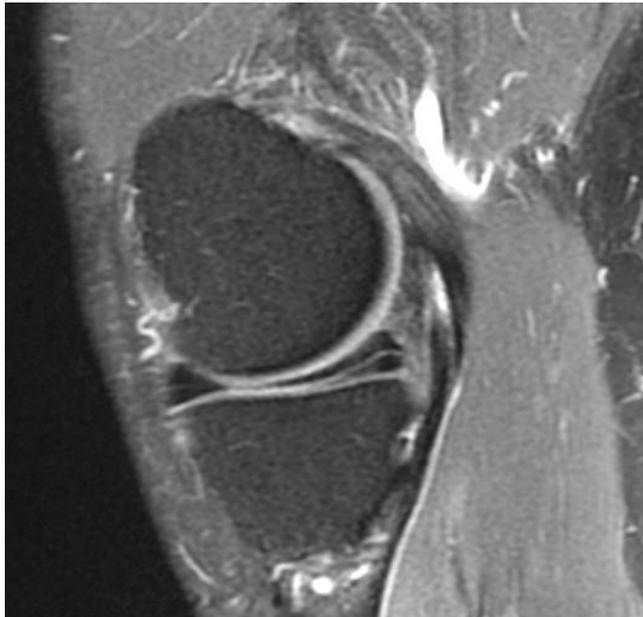
Knee pain is a very common complaint patients have in orthopedics. There are many structures that can cause pain in the knee, and there are many different reasons pain can occur in and around the knee joint. One of the most common structures to be injured is the meniscus. The meniscus is a tough, rubbery piece of cartilage that acts as a shock absorber between your femur and tibia on both the medial and lateral aspects of your knee. It also helps stabilize your knee and keep it from wearing out at a young age.



Meniscus Tear

Meniscus tears can occur at any age. Younger patients often injure their meniscus during movement and actions such as twisting, pivoting, rapid deceleration or cutting. Injuries to other structures of the knee may occur at the same time as the meniscal tear, such as anterior cruciate ligament (ACL) or medial collateral ligament (MCL) strains or ruptures. Older patients tend to have degenerative tears that occur without any acute injury and these tears are part of the process of normal “wear and tear” on your knee.

The signs and symptoms of a meniscal tear can range from very general to quite specific. If an injury is involved, the knee joint will swell up shortly after the injury. There may be significant pain involved after the injury. Mechanical symptoms are common with meniscal tears; patients may experience clicking, locking, catching and/or a feeling of “giving out” when trying to walk around.



These signs and symptoms warrant an evaluation by an experienced orthopedic provider. A thorough history and physical examination will be used to assess if a possible meniscus tear is present. X-rays will be used to evaluate any possible bony source of the symptoms, but an MRI is the gold standard when evaluating the soft tissues of the knee. After this test is performed, the results are viewed

with you in-person to generate a more definitive plan of care.

Before Surgery

Before we can perform any surgical procedure, we need you to see your primary care provider for a pre-operative history and physical exam to make sure that you are healthy enough to tolerate the stress of the surgery. Your primary care provider may do some additional testing to assess your health in preparation for the surgery.

We ask that you refrain from using any non-steroidal anti-inflammatory medications (NSAIDs), such as ibuprofen, naproxen, Aleve or Advil for 10 days prior to your surgery. We also ask that you stop taking aspirin 7 days before your surgical date. Please contact your primary care provider regarding taking your other medications on the day of surgery. You may take Tylenol or Celebrex as needed up until the day before surgery.

In order to ensure your health and the best possible outcome from your procedure, we ask that you quit using any and all kinds of tobacco. Quitting may be difficult, but it is important for the short-term outcomes related to your surgery and the long-term health of your body. Repairs may be delayed in healing or may not heal at all if you continue to use tobacco after your surgery. If you would like assistance finding the right method of smoking cessation for you, please contact us or your primary care provider.

Risks

There are some risks associated with surgery; any time we use a needle to penetrate your skin or a blade to make an incision, there is a very low risk of contracting an infection. We do everything we can to prevent infections from occurring. There is also a small risk of blood vessel or nerve damage, bleeding, blood clot formation, swelling and stiffness in the operative knee. Complete pain relief may not be achieved. There are also certain risks with anesthesia that will be addressed with you before your procedure.

Procedure

The day of the procedure, we ask that you do NOT eat or drink any food or liquids before coming to the surgery location. Once you are registered at the surgery center, we will start an IV in your arm and prepare you for your surgery. You will meet with the anesthesiologist and have every opportunity to ask questions you may have. You will also see and speak with Dr. Hunt on the day of your procedure. When ready, you are taken to the operative suite and placed on a flat bed.



We use a very light general anesthetic to put you to sleep, but light enough where you continue to breathe on your own. We then prep your knee and properly position it for the surgery. The procedure itself lasts about 15 minutes. Dr. Hunt uses 2 small incisions on the front of your knee to perform the procedure; one is used for the arthroscope, or camera, and the other is used for any tools that Dr. Hunt may use during the procedure. A full arthroscopic assessment of the knee is performed and intra-operative photos are taken throughout the procedure. After the surgery, a long-acting numbing medication is injected into your knee to help with pain control the day of surgery. There are dressings placed on your knee and a thick bandage wrapped around your leg. We then take you to the post-operative area where you are allowed to recover until you are ready to go home.

After Surgery

For the first 3 days after surgery, we suggest that you pack your operative knee in ice constantly. This will help prevent swelling and lead to a much shorter recovery period. We have placed enough dressings on your knee that you will not experience any frostbite to your skin from the ice. We also ask you to elevate your leg on 3 or 4 pillows while lying down to help prevent the swelling for the first 3 days. You are able to walk on your leg at any time, but we recommended that you only get up and move for the first 3 days to go to the bathroom, to get to the dinner table and to go to bed.

You may remove the wrap and bandages from your knee 72 hours after surgery. After removal of the bandages, there will be Steri-strips over the incisions. Keep these Steri-strips on until they fall off on their own. At this point you are able to shower, letting water and soap run the knee and patting it dry. If there is any drainage from your portal sites, reinforce your dressings and rest the knee for 24 hours. Continue to do this until the drainage has ceased.

Incisions

There will be two small incisions on the anterior aspect of your knee from the portal sites Dr. Hunt uses during surgery. These two incision sites may be tender for 2-3 months while the scar tissue under the skin continues to remodel and heal. Avoid any direct pressure onto the incisions for 3-4 weeks after your procedure.

It is normal for your knee to be mildly warm after your surgery. This is due to the increase in blood flow to the area in response to the surgery. The knee and leg may swell up in response to the surgery as well. You may also experience a low-grade fever while recovering. This is a normal part of the inflammatory response your body mounts after an invasive procedure.

Pain Relief

After surgery, we provide you with a few different strategies for pain control. Most of the pain after surgery is associated with swelling- to prevent the swelling and discomfort, we ask that you elevate you operative leg on 3-4 pillows

while lying and try to keep ice packs on the operative knee constantly for the first 3 days after surgery. We also provide you with 2 different prescription medications to help control your pain. One of these medications is a narcotic pain medication. Some of the side effects of the narcotic pain medications are drowsiness, dry mouth and constipation. Drink plenty of water while taking these medications. You may want to use a stool softener during the treatment period as well to help prevent any bowel discomfort.

We will also prescribe you a medication for nausea and/or vomiting that you can use if the other medications cause any discomfort in your stomach. You can use this medication as needed for nausea or vomiting that you may experience.

If there is an increase in pain after the first 3 days, rest the operative leg by staying off of your feet, elevating your leg above the heart and icing constantly for 12-16 hours. This should help calm the inflammation in your leg and your discomfort should abate.

Activity & Recovery

We ask that you restrict your activity for the first 72 hours after surgery to help reduce pain and swelling in your knee and to accelerate your recovery. After 72 hours, you may advance your activity as your body can tolerate. We ask that you slowly progress into your daily activities so you don't over-stress your knee and cause any increase in the inflammation.

After surgery you may return to your regular diet. We recommend that you start with something light, such as soup or crackers. If you are able to tolerate this without any issues, you can advance your diet as you would like.

Follow-up

You will follow up with Nick Meath, Dr. Hunt's physician assistant, 10-14 days after surgery. This appointment is scheduled for you at the time you schedule your surgery. At this appointment, your pain control, restrictions, incisions and work status will all be discussed. Your intra-operative photos of your surgery will be reviewed with you at this appointment as well. You will have another follow up appointment with Dr. Hunt 6-8 weeks after you surgery.

If you miss any of your post-operative appointments, we reserve the right to deny any medication refill requests you have until you are seen in clinic.

If any questions, concerns or issues arise, feel free to contact Sara, our care coordinator at **952-486-5108** during regular business hours, or call our main number at **952-456-7000**.

When to Call

There are certain situations after surgery in which you should contact your surgeon. Please call if you experience any of the following:

- Fever over 101 degrees for more than 24 hours
- Foul drainage, redness or warmth at the operative site
- Large amounts of bleeding or drainage

- Severe or uncontrolled pain
- Persistent nausea or vomiting
- Hive, rash or medication intolerance

*** Call 911 or go to the nearest Emergency Room if you experience shortness of breath, redness, warmth and extreme pain in the calf. These are signs of a blood clot.***