Knee Arthroscopy Meniscus Root Surgery FAQ

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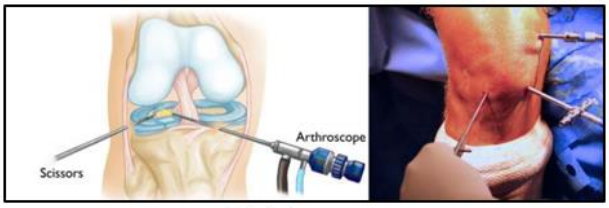
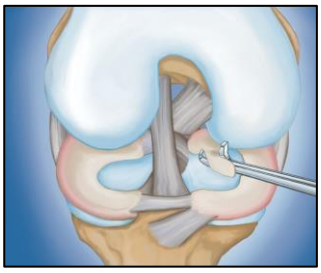
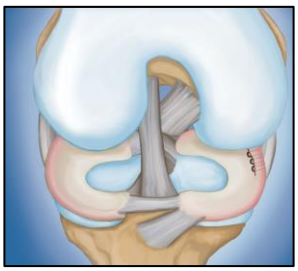
Q: WHAT IS ACCOMPLISHED DURING THE PROCEDURE?

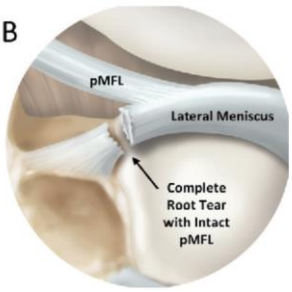


Orthoinfo.aaos.org

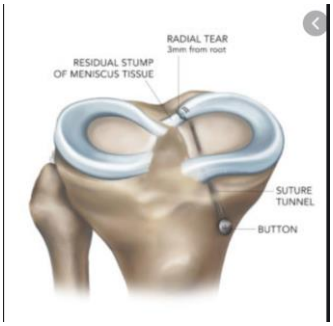
- Knee arthroscopy is when a small camera is inserted into the knee in order to visualize the structures inside the knee joint and assess any damage that may be present. The knee is inflated with fluid during the procedure.
- The meniscus is a C-shaped piece of cartilage that is located between the bones of your knee. It functions as a cushion or shock-absorber.
- Each knee has a medial (inside of the knee) and a lateral (outside of the knee) meniscus.
- In cases where the meniscus is damaged, an assessment of the tear is performed before deciding how a meniscus tear will be treated.
- In a meniscus root tear, the meniscus is damaged near its attachment to the bone.
- In a 'repair' procedure, stitches are used to reattach the torn meniscus back to the bone. This is done by drilling a small tunnel in the bone from just below the knee, exiting where the meniscus tore away from the bone. Strong stitches are then passed through the meniscus and pulled down through this bone tunnel and secured to a plastic anchor. This brings the torn meniscus back to its normal attachment and holds it there in order to heal.
- In a 'removal' procedure, a torn portion of the meniscus is removed.


Removal


Repair



Example of Root Tear



Repair

Q: HOW DOES THE SURGEON DECIDE WHETHER TO PERFORM A REPAIR OR REMOVAL?

- When the tear is examined during arthroscopy, Dr. Hess will decide if the tear is able to be repaired based on several factors. These include the size, location, configuration and complexity of the tear as well as the condition of the surface cartilage in that part of the knee.

- Because the meniscus is an important structure in the knee that functions to help protect the surface cartilage, in most cases a repair is preferred to removal. Depending on the amount of meniscus removed, your risk of developing arthritis later in life may increase.
- In some cases a repair is not possible and removal of part of the meniscus is the only option.

Q: WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

- No. Knee arthroscopy is performed as an outpatient surgery. You will arrive approximately 1 hour prior to your procedure. Typically, you will be able to return home about two hours after your surgery is over. Please ensure someone comes with you to surgery who will be available to drive you home. If you are a minor, your parent / legal guardian must be present the day of your surgery.

Q: HOW LONG DOES THE SURGERY TAKE?

- Approximately 45 minutes. Surgery time may vary slightly based on the complexity of your injury and any additional procedures required. Dr. Hess will spend the required time to ensure any identified reasons for your symptoms are addressed at the time of surgery.

Q: ARE THERE RISKS INVOLVED WITH HAVING SURGERY?

- Yes. Some risks are present with any surgery, including those associated with anesthesia (heart attack, stroke, respiratory distress or failure), and some are more specific to the procedure being performed. Risks of knee arthroscopy include, but may not be limited to: infection, damage to blood vessels or nerves (causing numbness, tingling, burning, or weakness), blood clots (deep vein thrombosis or pulmonary embolus), stiffness of the knee (which can require additional surgery in some cases), iatrogenic injury (injury to structures caused by surgery), scarring, and residual pain or discomfort.
- There is also the possibility that a meniscus repair may not fully heal. This risk varies depending on a number of factors. It is possible that additional surgery may be recommended/needed in the future if the meniscus doesn't heal as anticipated.
- It is also possible for a meniscus that has had a partial removal to sustain a new tear in the future, or that a patient's pain may not be completely improved by surgery.
- Some complications after surgery are uncommon and can't be predicted in advance.

Q: WILL I NEED CRUTCHES?

- This depends on several factors, most importantly what type of surgery was performed:
    - For a partial removal (also called a partial meniscectomy), most people do not need crutches. If crutches are used 'as needed', most patients are off of the crutches within the first 1-2 weeks after surgery.

- For meniscus root repairs, crutches will be needed for up to 6 weeks after surgery. You will be limited to 'toe-touch' weight bearing for the first 4 weeks after surgery. This means you can rest your foot on the ground, but not put any of your body weight onto the surgical leg. After 4 weeks, we allow a gradual transition back to weight bearing and gradually wean off the crutches over weeks 4-6.

Q: HOW LONG IS THE RECOVERY AFTER MENISCUS SURGERY?

- Many patients are able to return to limited or light duty work 1-2 weeks after surgery.
- For partial removal, return to full activities typically occurs about 6-10 weeks after surgery.
- For meniscus root repairs, more time is necessary to allow the repair to fully heal. Time for return to full activities varies, but is typically around 3-5 months.
- Return to sports activities takes time. Muscles must gradually learn to adapt to higher impact, twisting, accelerating, and decelerating forces. This should not be rushed.

Q: WILL I NEED A BRACE AFTER SURGERY?

- A brace is not typically used after partial removal of the meniscus (meniscectomy).
- A brace is commonly recommended for 6 weeks following meniscus repair surgery.
  - A brace is provided by Dr. Hess's office, and is usually done so prior to surgery.
  - This should be worn essentially full time (except for time at therapy, doing home exercises, and bathing) for the first two weeks.
  - After the first two weeks, you can sleep without the brace if you prefer.
  - The brace is usually discontinued after 6 weeks.

Q: WILL PHYSICAL THERAPY BE NEEDED AFTER MENISCUS SURGERY?

- Physical therapy is HIGHLY recommended after meniscus surgery, as there are many important things to monitor and consider during recovery.
- Physical therapy will begin within 1 week after surgery.
- Prior to formal therapy beginning, you should make sure to spend some time out of the brace (if one is needed) with the knee fully straight for 10-15 minutes 2-3 times per day.
- The duration of physical therapy will be different for each patient. Initially, the visits are twice per week. This may change over the course of your recovery.
- The assessment of the physical therapist is a very important component when deciding if it is okay to return to sports.

Q: WHAT MEDICATIONS WILL BE PRESCRIBED AFTER SURGERY?

- Pain relievers will be prescribed after surgery. You should plan on not using narcotic pain relievers longer than 2-3 weeks after surgery. Most patients need them for 5 days or less following the surgery.

- Tylenol and/or ibuprofen/naproxen can be used once narcotics are no longer required.
- The pain medication will not completely prevent any pain. It is normal and appropriate to have some pain after surgery. The goal of using medication should be to make pain tolerable, not to eliminate pain.
- The following is a complete list of medications prescribed after surgery, and the purpose of the medication. Other medications may be prescribed on occasion.
    - Norco/Percocet –Taken as needed no more than every 4 hours for pain.
    - Zofran – Taken as needed for nausea/vomiting
    - Aspirin- Taken to decrease the risk of blood clot. This should be taken once per day for 2 weeks (partial removal) or 6 weeks (repair) after surgery.

Q: HOW MUCH PAIN AM I GOING TO HAVE AFTER SURGERY?

- This is a common question, but one that is very difficult to answer. Every patient experiences pain differently. The same procedure may cause drastically different amounts of pain in different patients.
- Key components of controlling pain after surgery include icing the knee, taking appropriate pain medications, limiting activity appropriately, and following recommendations by the physical therapist and Dr. Hess.
- A nerve block is occasionally placed by the anesthesia team during surgery. This block often works for several hours after surgery. As a result your pain may be well controlled initially, but may increase after the block wears off. This is a normal part of the block wearing off, and shouldn't be cause for concern in most cases. When you start to feel tingling in the leg, this is an indication that the block is beginning to wear off. This is a good time to begin taking pain medication.
- If there are concerns about pain control, please bring them up with Dr. Hess prior to surgery or call his patient care coordinator Tracey after surgery. Dr. Hess can return phone calls if needed.

Q: WHEN WILL I HAVE FOLLOW UP APPOINTMENTS AFTER SURGERY?

- Follow up appointments after surgery are important to monitor your progress, assess any limitations or setbacks, and to plan your continued care. Typically, you will be seen at the following intervals:
    - 2 weeks, 6 weeks, 3 months.
    - Additional appointments may be recommended in certain situations.

Q: WHEN CAN I BEGIN DRIVING AFTER MENISCUS SURGERY?

- Two important criteria exist to begin driving after meniscus surgery.
  1) You must be off narcotic medications for a full 24 hours prior to driving.
  2) You must be safely able to move your foot from the gas pedal to the brake pedal without delay or hesitation.
- The following guidelines apply only for automatic transmission vehicles.
    - For right knee surgery, it is recommended to wait until pain is well-controlled and the knee can be used smoothly.
    - For left knee surgery, you may drive once off narcotic pain medications.

Q: WILL MENISCUS SURGERY ALLOW MY KNEE FULL FUNCTION ONCE RECOVERED?

- In most cases, function of the surgical knee recovers to full, or very close to the uninjured knee. However as discussed above, residual pain or other limitations can occur.
- Physical therapy is critical in optimizing the recovery of your knee after surgery.

Q: WHAT DO I DO WITH THE DRESSINGS AFTER SURGERY?

- It is recommended that you leave the surgical dressings in place, undisturbed for 2-3 days after surgery.
- Following this the ACE bandage, cotton padding, and gauze dressings can be removed. Leave any steri-strips that are present in place. The incisions can be covered with waterproof band aids for showering. Do not submerge the wounds under water (including baths, lakes, pools or hot tubs) until they are completely healed (typically 2-3 days after removal of stitches).
- The band aids should be changed daily or as needed.
- Some minimal drainage is expected after surgery. If there is more significant drainage, please notify Dr. Hess.
- The ACE bandage or a knee sleeve can be used as desired after removing the post-op dressings.

Q: WILL I BE ABLETO RETURN TO THE SAME SPORTS AFTER SURGERY THAT I WAS DOING BEFORE SURGERY?

- In most cases, yes. This can depend on the age and activity level of the patient and the specific sports they are trying to return to.
- Certainly, the goal of meniscus surgery is to restore the function of your knee to a point that you are able to participate in any activities you would like. However, in some cases pain, stiffness, residual mechanical symptoms, nervousness about reinjury or other factors can prevent return to some activities.

Q: WILL I GET ARTHRITIS IN MY KNEE?

- Maybe. The goal of the surgery is to allow the best function of the knee going forward. However, this does not change the fact that the knee may have already sustained some damage, either from an injury or as a result of normal wear-and-tear. Having a meniscus injury can increase your risk of developing arthritis in the injured knee down the road.

Help us improve our care: What other questions would like to have answered?

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