



## **Knee Arthroscopy – Patient Guide and Common Questions**

### **Introduction:**

This handout is a general guide to common indications knee arthroscopy, what to expect when undergoing the procedure, risks, and general recovery information. This is not a comprehensive guide, however, and any questions or concerns should be addressed directly with the surgeon.

### **Arthroscopy of the Knee Joint**

The arthroscope is a fiber-optic telescope that can be inserted into a joint (commonly the knee, shoulder and ankle) to evaluate and treat a number of conditions. A camera is attached to the arthroscope and the picture is visualized on a TV monitor. Most arthroscopic surgery is performed as day surgery and is usually done under general anesthesia. Knee arthroscopy is common, and millions of procedures are performed each year around the world.

### **Basic Knee Anatomy**

The knee is the largest joint in the body. The knee joint is made up of the femur, tibia and patella (knee cap). All these bones are lined with articular (surface) cartilage. This articular cartilage acts like a shock absorber and allows a smooth low friction surface for the knee to move on. Between the tibia and femur lie two floating cartilages called menisci. The medial (inner) meniscus and the lateral (outer) meniscus rest on the Tibial surface cartilage and are mobile. The menisci also act as shock absorbers and stabilizers. The knee is stabilized by ligaments that are both in and outside the joint. The medial and lateral collateral ligaments support the knee from excessive side-to-side movement. The (internal) anterior and posterior cruciate ligaments support the knee from buckling and giving way. The knee joint is surrounded by a capsule (envelope) that produces a small amount of synovial (lubrication) fluid to help with smooth motion. Thigh muscles are important secondary knee stabilizers.

### **Cartilage Tears**

Once a meniscal cartilage has torn it will not heal unless it is a very small tear that is near the capsule of the joint. Once the cartilage has torn it predisposes the knee to develop osteoarthritis (wear and tear) in 15 to 20 years. It is better to remove torn pieces from the knee if the knee is symptomatic.

Torn cartilages in general continue to cause symptoms of discomfort, pain and swelling until the loose, ragged pieces are removed. Only the torn section is removed and the knee should recover and become symptom free. If the entire meniscus is removed, the knee will develop osteoarthritis in 15 to 20 years. It is standard to remove only the torn section of cartilage in the hope that this will delay the onset of long-term wear and tear osteoarthritis.

Occasionally, provided the knee is stable and the tear is a certain type of tear in a young patient (peripheral bucket handle tear), the meniscus may be suitable for repair. If repaired, one has to avoid sports for a minimum of three months.



### **Articular Cartilage (Surface) Injury**

If the surface cartilage is torn, this is most significant as a major shock-absorbing function is compromised. Large pieces of articular cartilage can float in the knee (sometimes with bone attached) and this causes locking of the joint and can cause further deterioration due to the loose bodies floating around the knee causing further wear and tear. Most surface cartilage wear will ultimately lead to osteoarthritis. Mechanical symptoms of pain and swelling due to cartilage peeling off can be helped with arthroscopic surgery. The surgery smooths the edges of the surface cartilage and removes loose bodies.

### **Patella (knee-cap) Disorders**

The arthroscope can be used to treat problems relating to kneecap disorders, particularly mal-tracking and significant surface cartilage tears. Patients may need to stay overnight if a lateral release has been performed as knee swelling is quite common. The majority of common kneecap problems can be treated with physical therapy and rehabilitation.

### **Inflammatory Arthritis**

Occasionally arthroscopy is used in inflammatory conditions (e.g. Rheumatoid Arthritis) to help reduce the amount of inflamed synovium (joint lining) that is producing excess joint fluid. This procedure is called a synovectomy. After the surgery a drain is inserted into the knee and patients generally require one or two nights in hospital.

### **Arthroscopy of the Knee: Patient Information**

Please stop taking Aspirin and Anti-inflammatory medications 5 days prior to your surgery. You can continue taking all your other routine medication. If you smoke you are advised to stop a few days prior to your surgery.

You will be admitted on the day of surgery and need to remain fasted for 6 hours prior to the procedure.

The limb undergoing the procedure will be marked and identified prior to the anesthetic being administered.

Once you are under anesthetic, the knee is prepared in a sterile fashion. A tourniquet is placed around the thigh to allow a 'blood – free' procedure.

The Arthroscope is introduced through a small (size of a pen) incision on the outer side of the knee. A second incision on the inner side of the knee is made to introduce the instruments that allow examination of the joint and treatment of the problem.

### **Post-operative Recovery**

You will wake up in the recovery room and then be transferred back to the ward

A bandage will be around the operated knee.



Once you are recovered your IV will be removed and you will be shown a number of exercises to do.

Your Surgeon will see you prior to discharge and explain the findings of the operation and what was done during surgery.

Pain medication will be provided and should be taken as directed.

You can remove the bandage in 24 hours and place waterproof dressings (provided) over the wounds.

It is NORMAL for the knee to swell after the surgery. Elevating the leg when you are seated and placing ice packs on the knee will help to reduce swelling. (Ice packs on for 20 min 3-4 times a day until swelling has reduced)

You are able to drive and return to work when comfortable unless otherwise instructed.

Please make an appointment 7-10 days after surgery to monitor your progress and remove the 2 stitches in your knee.

### **Risks of Arthroscopy**

General Anesthetic risks are extremely rare in Australia. Occasionally patients have some discomfort in the throat as a result of the tube that supplies oxygen and other gasses. Please discuss with the Specialist Anesthetist if you have any specific concerns

Risks related to Arthroscopic Knee Surgery Include

- Postoperative bleeding
- Deep Vein Thrombosis
- Infection
- Stiffness
- Numbness to part of the skin near the incisions
- Injury to vessels, nerves and a chronic pain syndrome
- Progression of the disease process

The risks and complications of arthroscopic knee surgery are extremely small. One must however bear in mind that occasionally there is more damage in the knee than was initially thought and that this may affect the recovery time. In addition if the cartilage in the knee is partly worn out then arthroscopic surgery has about a 65% chance of improving symptoms in the short to medium term but more definitive surgery may be required in the future. In general arthroscopic surgery does not improve knees that have well established Osteoarthritis.

### **Post –Operative Exercises and Physical Therapy**

Following your surgery you will be given an instruction sheet showing exercises that are helpful in speeding up your recovery. Strengthening your thigh muscles (Quadriceps and Hamstrings) is most



important. Swimming and cycling (stationary or road) are excellent ways to build these muscles up and improve movement.

### **Frequently asked questions**

How long am I in the Hospital?

A: Approximately 4 hours

Do I need crutches?

A: Usually not required (Unless you are having Anterior Cruciate Ligament Reconstruction)

When can I get the knee wet?

A: After 24 hrs remove the bandage and apply a waterproof dressing.

When can I drive?

A: After 24 hrs if the knee is comfortable.

When can I return to work?

A: When the knee feels reasonably comfortable.

When can I swim?

A: After removal of the stitches.

How long will my knee take to recover?

A: Depending on the findings and surgery, usually 4 to 6 weeks following the surgery.

When Can I return to Sports?

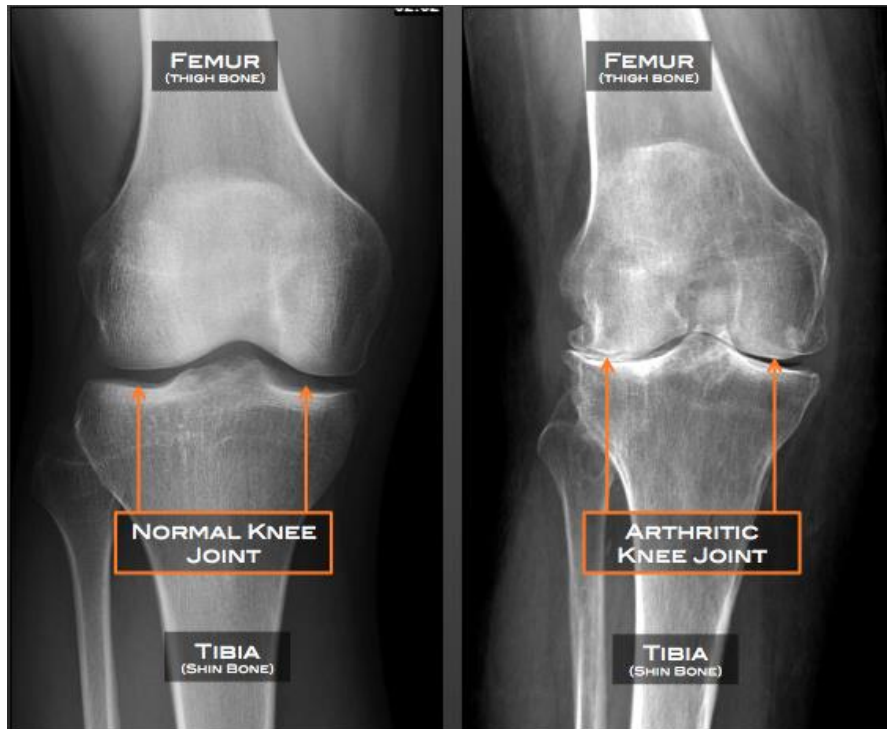
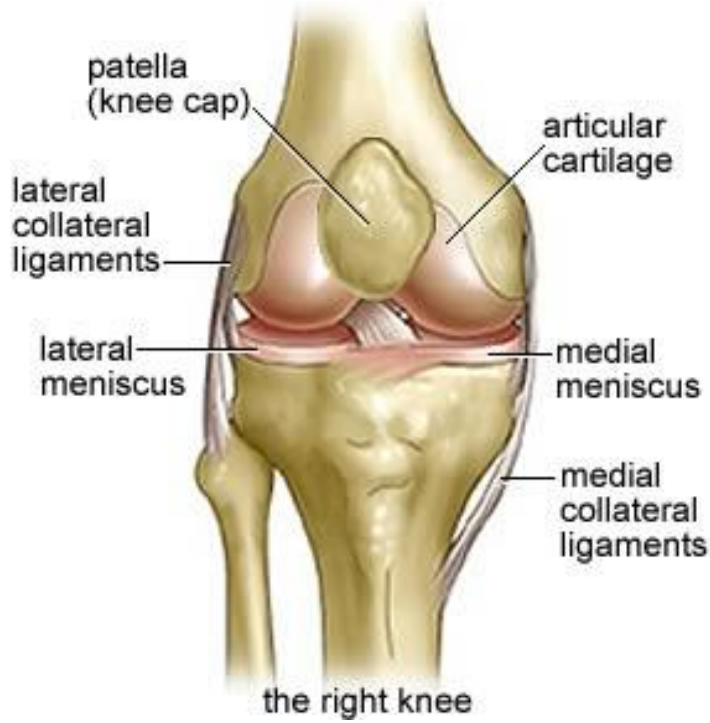
A: Depending on the findings, 4-6 weeks after surgery.

**Never hesitate to call our office with any questions or concerns – 512.476.2830**

**For more information: [www.texashipandknee.com](http://www.texashipandknee.com)**



Normal knee anatomy



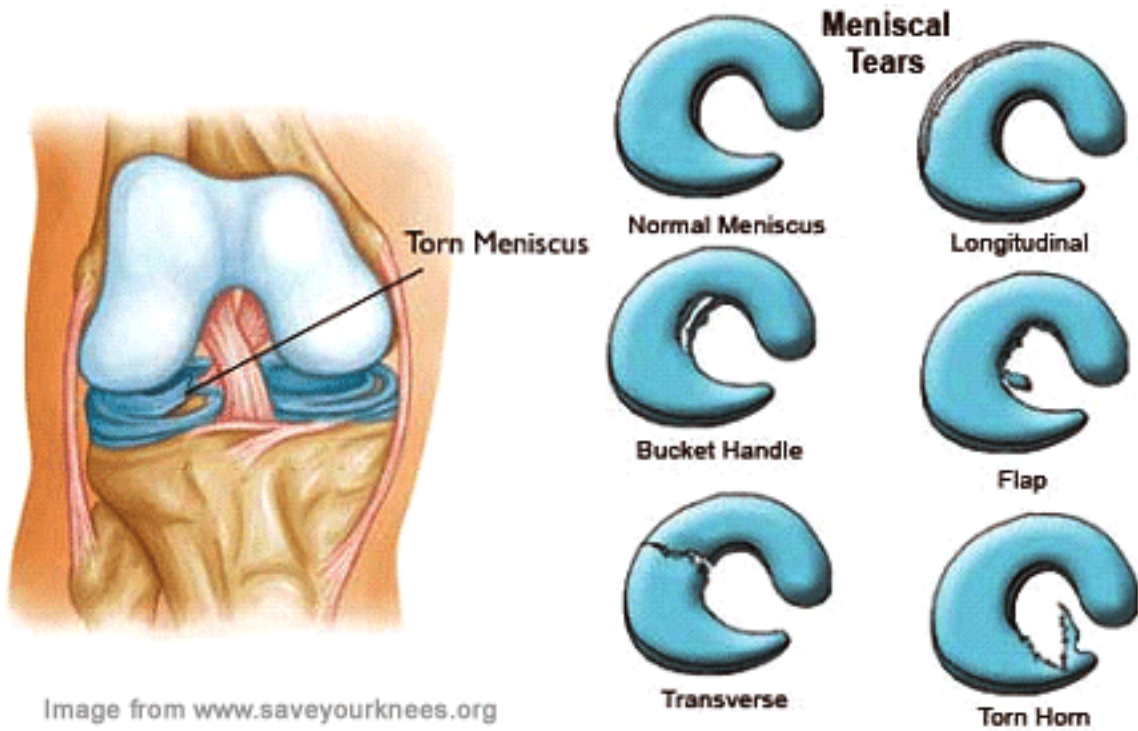
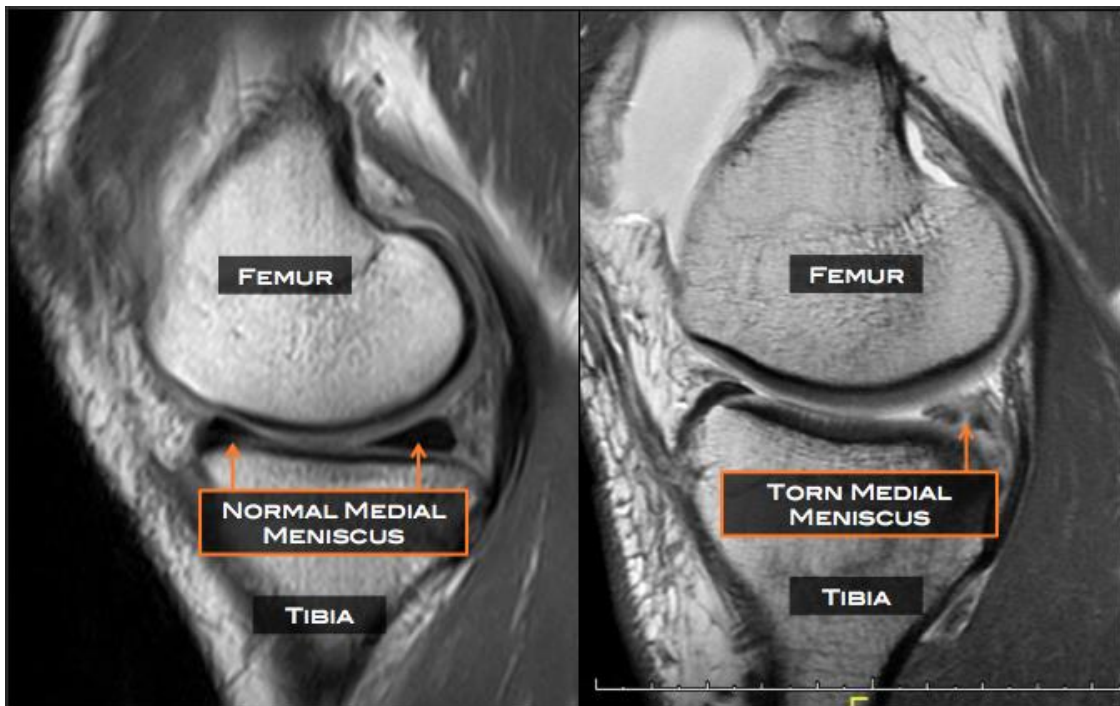


Image from [www.saveyourknees.org](http://www.saveyourknees.org)

Different types of Meniscal tears



MRI comparing normal Medial Meniscus to torn Medial Meniscus

