

Knee Arthroscopy: *A Patient's Guide*



- Frequently asked questions on injury, surgery and recovery
- Preoperative and postoperative guidelines

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What is a Knee Arthroscopic Surgery?

Knee arthroscopy is a minimally invasive procedure performed by an orthopaedic surgeon using a camera for visualization in one hand and an operative instrument in the other. The small holes or portal for viewing the knee are made on the outside (lateral) to the kneecap tendon and the operative instrument portal is just inside (medial) to the kneecap tendon. These small holes are approximately a half inch. Sometimes an additional incision is made above the knee cap as well. Through these portals a complete inspection of the knee is performed to evaluate the meniscus (“bushings” of the knee), the degree of wear (arthritis) or acute injury to the smooth white coating on the edge of the bones (articular cartilage), to look for loose bodies, and the look at the ligaments such as the ACL. Once the degree of injury is assessed then an excision or repair of the meniscus may be performed using the instruments. Dr. Hagen will provide you with operative photos after surgery. **Your short-term recovery and long-term function is very dependent on the extent of arthritis in your knee**, which is the wear or injury to the articular cartilage. One of the best analogies is that this smooth cartilage is like the rubber on a tire – if you have no injury or wear to the articular cartilage (new tire) then fixing a torn meniscus or removing a loose body should restore you to your previous function.

Knee Anatomy

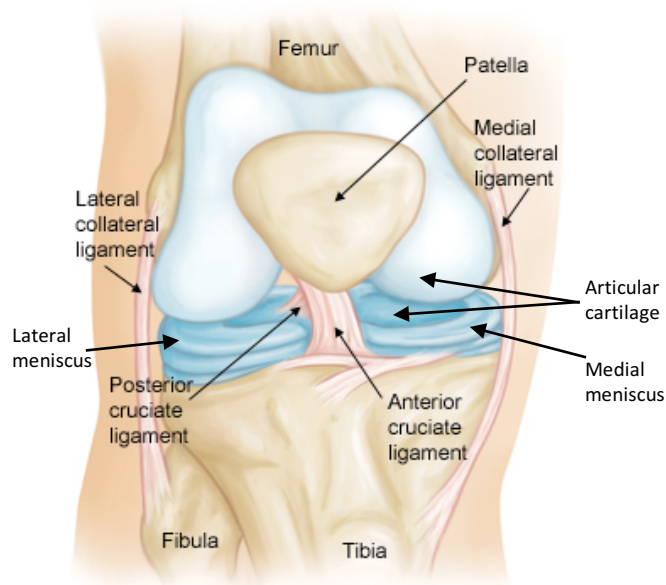


Image credit: <http://orthoinfo.aaos.org/topic.cfm?topic=a00550>

The knee is like a frictionless hinge. This hinge is held together by 4 ligaments. The smooth gliding surface is the articular cartilage on the ends of the bone (like rubber on a tire). The meniscus or bushings are designed to decrease the force or load on the articular cartilage. Injuries that are effectively treated by arthroscopic surgery include meniscus tears, loose bodies, ligament injuries, and small cartilage injuries. Your physician can discuss in more detail your findings and treatment strategy. Please note that debridement of arthritis of the knee (fraying of the tire rubber) is by itself not an effective surgical treatment strategy.

What are the Indications for Surgery?

Patients with mechanical symptoms like catching, locking, feeling of instability where there is no arthritis or damage to the articular surface (i.e. normal rubber on tire), who have a meniscus tear, loose body, or impinging scar tissue are excellent candidates for arthroscopic treatment of these conditions. The underlying treatment principle is to combine your symptoms with accurate diagnosis from your physical exam and imaging (x-ray or MRI). The best surgical candidates have little or NO arthritis (fraying or wearing down of rubber on tire) as this cannot be repaired by arthroscopic surgery and the arthritis symptoms will not get better by surgery.

When arthritis exists and there is a meniscus tear, the goal is to determine which symptoms are from the meniscus (which can be improved with surgery) and which are from the arthritis (this cannot be improved by surgery). For patients over 45 years of age, large trials (such as the MeTeOR trial published in the New England Journal of Medicine 2013) have shown us that physical therapy for 4-6 weeks is a safe initial intervention which can be followed by arthroscopic surgery in those patients who fail to improve.

What is a meniscectomy?

If the type of meniscus tear you have is not repairable, Dr. Hagen will trim or shave the torn tissue of your meniscus to fix the symptoms of clicking, popping, and locking.

What is a meniscus repair?

If the type of meniscus tear you have has potential to heal, Dr. Hagen will put sutures through the meniscus. If you have a meniscus repair you will be limited with your weight bearing and range of motion after surgery for several weeks. This will allow the best environment for your meniscus to heal.

What are the possible complications of surgery?

The risk of complications after knee arthroscopy is very low (<<0.05%). These risks include but are not limited to:

- bleeding
- infection
- nerve injury
- blood vessel injury or blood clot
- joint stiffness
- cartilage damage from surgery
- complications from anesthesia

How do I prepare for knee arthroscopy?

Before surgery you will need a physical examination, usually performed by our physician assistant, Travis. We may also order bloodwork, chest x-ray, or heart EKG to make sure you are healthy enough for surgery. If you are a woman of childbearing age we may recommend a urine pregnancy test before surgery as anesthesia can cause health problems in an unborn child. You will also meet with the nursing staff at the clinic to go over your preoperative instructions. This includes medicines to avoid before surgery, fasting guidelines, shower instructions, and transportation. They can also help you with short term disability forms, insurance forms, and return to work forms.

Postoperative Care

After surgery you will be given a written instruction sheet, pictures of your surgery, a prescription for therapy, and a copy of physical therapy guidelines. This information should answer most of the questions you may have during your recovery. You will be going to PT after your surgery. This can be as soon as during the week after surgery. During this visit you will be instructed on “Phase 1” exercises, wound care, and how much weight you should place on your operated leg. In addition, your therapist will ask you to help set your goals for rehabilitation.

If you have a meniscectomy, you will be allowed to weight bear the day after surgery. If you have a meniscal repair you will be on crutches longer and will receive a knee brace.

The entire rehabilitation process will take at least 4-6 weeks. If you have a meniscus repair, it will take 3-4 months. During the early phase of your rehabilitation you will be closely monitored. As you progress, you will be able to do more exercises on your own. If you have any questions concerning your rehabilitation process, they should be directed to your treatment team.

Follow-up: You will be seen by Travis, our physician assistant at 1-2 weeks after surgery for a wound check and removal or trimming of stitches. You will be seen by Dr. Hagen at 4-6 weeks after surgery. Timing and length of additional follow-ups will be determined by your progress.

The **Treatment Team** consists of:

- Your physical therapist
- The physician assistant
(Travis Fann, PA-C)
- The surgeon (Dr. Hagen)
- Possibly an athletic trainer

FREQUENTLY ASKED QUESTIONS

When can I drive?

You should not drive while you are using narcotic medications. If your surgery is on the left side and your car has an automatic transmission, you may drive in about 1-2 weeks. If your surgery is on the right side (or if your car is manual transmission), it may be 4 weeks before you are able to drive. This will be tailored for each individual – you must be off of your crutches and have good control of your leg before you can drive.

When can I go on an airplane?

There is a risk of blood clot after any lower extremity surgery and this is increased during air travel. It can also be uncomfortable to sit on an airplane after surgery. We recommend waiting until at least 2 weeks after surgery for any flight. If you have necessary travel, please inform Dr. Hagen. If you are able to take Aspirin (325 mg), we may recommend taking one tablet twice a day on the day before, the day of, and the day after your flight. While on the plane you should get up and walk around every hour to keep a blood clot from forming.

When can I return to normal activities?

Works/School: Most patients return to desk work or school in about 1 week. If your job requires physical activity, it may take much longer (weeks or months) depending on the nature of your job and type of surgery.

Sports: The length of time to return to sport will greatly vary between each individual. Your physical therapy exercises and activity modifications will be reviewed and adjusted at each visit. Controlled running usually begins around 3 weeks (3 months for meniscus repair).

General recovery: A rehabilitation program can start as soon as the day after your surgery. Expected recovery timelines will be made more specific, depending on what exactly was seen and done during surgery. It takes 6 months or more for your knee to “completely” recover and for the graft to heal solidly. Listen to your PT and don’t try to rush the biology of healing.

How do I schedule surgery? What if I have additional questions?

Please call our surgery scheduler, Kirsten Halloran, at (206) 598-3484.