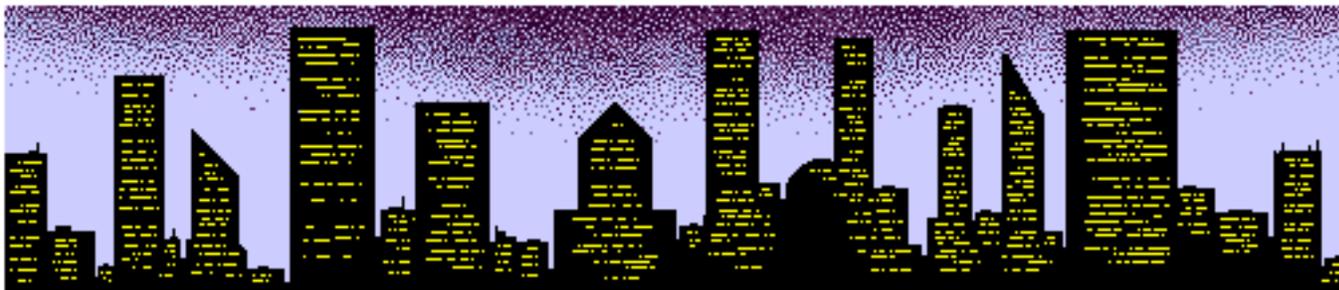


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ABOUT YOUR KNEE ARTHROSCOPY.....

General Overview

Your doctor has recommended a *knee arthroscopy* to treat the current problems with your knee. Naturally, you have many questions and concerns about the preparations you need to make before surgery, the actual operation itself as well as the post-operative care. This guide provides the answers to many of the most commonly asked questions about your operation.

Q: What is a knee arthroscopy?

A: Knee arthroscopy is a surgical procedure to deal with many common ailments of the knee. These include torn cartilage, torn ligaments, loose bodies, and arthritis. It is a technological advance that has evolved over the last 15-20 years. This has been made possible by great advances in fiber optics, video, and micro instrumentation. The main advantages of arthroscopic procedures rather than other types of surgery are faster recovery and less post-operative pain and scarring.

Surgical procedure and the day of surgery

Q: How is the procedure done?

A: The surgeon makes three small (1/4 inch) incisions (also called portals) in your knee. One incision is for placement of the "scope". A miniaturized video camera is attached to the end of the arthroscope to allow viewing on a television screen. The second incision is used to place specially designed instruments to treat the injuries. The third portal is used for fluid outflow.

Q: Are there any complications?

A: Even the simplest surgical procedures can have complications; however, arthroscopy of the knee has a very low complication rate. The most common of these is post-operative stiffness of the knee. This usually responds well to a good program of physical therapy.

Q: What kind of anesthesia will I have?

A: The two kinds of anesthesia that are used are general anesthesia and spinal anesthesia. With general anesthesia you are "put to sleep" with gas. A spinal anesthetic involves placing a numbing agent (similar to Novocain) in the region of the spinal canal to make you temporarily numb from the waist down. You can be awake during the procedure, or if you prefer, you can receive medication to make you drowsy.

Q: How about local anesthesia?

A: With rare exceptions, local anesthesia is not adequate for knee arthroscopy.

Q: Will I need to stay overnight?

A: No, a knee arthroscopy is an outpatient procedure.

Q: Will I need to receive blood after the surgery?

A: No.

Q: Can I drive myself home after the surgery?

A: No. Please arrange to have a friend or family member help you with this.

Q: Will I need a cane or crutches?

A: No, you will be given a cane after your surgery. Crutches are rarely necessary.

Q: What kind of medication will I need after the surgery?

A: You will receive a prescription for pain medication upon discharge from the recovery room. This is a powerful narcotic drug. You should try to use it frequently for the first 24-48 hours and then quickly taper it over the next few days. As soon as tolerated switch to extra strength Tylenol.

Q: Should I use any ice or heat?

A: Have a large bag of crushed ice ready and use ice as much as possible for the first two days. This will reduce swelling and shorten your recovery. Do **not** apply heat to the knee.

Postoperative care

Q: What will my follow-up care be?

A: You will be seen approximately four days after surgery and then again about one month later. Depending on your recovery, additional visits may be scheduled.

Q: When do I call the office?

A: Please call the office the morning after surgery (212-207-1990). We would like to know how you are doing and if you have any concerns. Your post-operative appointment will be scheduled at this time.

Q: What will my knee feel like after the surgery?

A: The knee will be very sore for the first few days and there will be some swelling that may take several days or as much as a week or two to resolve. Because of this pain and discomfort, there will be some limitation of motion. The first two days are the worst and then things settle down very quickly over the first week. You may walk with a limp for the first week or so and activity during this time should be limited to avoid increasing pain and swelling. By the end of the first month, the knee should feel very close to normal; and by the end of three months, the knee will in most cases feel completely normal. There is some localized tenderness and swelling in the areas of the incisions that may take up to three months to fully resolve. This is normal and is due to scar tissue formation in the surgical site.

Q: Are there any activities that I need to avoid?

A: There are no activities that will harm the results of the surgery. However, until the knee fully settles down and returns to normal, you should modify your activities to avoid irritating the healing process.

Q: What type of exercises should I be doing after surgery?

A: The most important thing early on is to restore knee motion and then as comfort permits to work on strengthening of the muscles. You will be instructed on doing a simple exercise to build up your muscles and restore motion.

Q: When can I drive my car again?

A: This depends a little on which leg had the surgery and whether you drive a manual transmission. If you drive an automatic and it is the left leg that had the surgery, then you may drive within a few days time. If it is the right leg or you drive a manual transmission, then it may not be safe to drive for one to two weeks. While the knee may feel well enough to drive before this, it may not be safe to drive as the operative leg may not respond quickly enough to an emergency situation.

Q: When can I take a shower or a bath?

A: After two days you may remove all of the dressings. Then you can take a shower. Do not take a bath or swim until after you have been seen by your doctor.

Q: Will I need physical therapy?

A: Physical therapy may be necessary in some instances, but most of your knee rehabilitation can be done at home. Consistency in doing the home exercises is essential to restoring muscle tone that weakened prior to the surgery. If you have trouble with these exercises, discuss it with your doctor.

Q: When can I run (or play sports) again?

A: For most patients, a return to sports can be expected at an average of six weeks. This may vary from one to three months.

Q: When can I go back to work?

A: This depends quite a bit on what work you do. If you have a sedentary desk job then you may be able to go back to work within a few days. If you are on your feet a lot, then it may be two to four weeks before you feel strong enough to work a full day comfortably. This is especially true if you do a lot of lifting or heavy manual labor.