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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 25-30 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 two 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.

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: Local anesthesia is an option, however, most patients prefer a stronger anesthetic.

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: How is the procedure done?

A: The surgeon makes two 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.

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 several days 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 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.