

Knee Arthroscopy

What is knee arthroscopy?

Knee arthroscopy is a surgical procedure in which the doctor examines your knee with an instrument called an arthroscope. An arthroscope is a tube with a light on the end that is inserted in your knee and projects an image of the inside of your knee onto a TV monitor. The arthroscope is about the diameter of a pencil.

When is it used?

This procedure is used to diagnose the cause of pain, swelling, tenderness, or weakness in your knee and repair any damage.

Examples of alternatives are:

- ▶ Limit your activity.
- ▶ Take anti-inflammatory drugs to reduce swelling.
- ▶ Wear a brace.
- ▶ Have physical therapy.
- ▶ Have open knee surgery.
- ▶ Have MRI (magnetic resonance imaging).
- ▶ Choose not to have treatment, recognizing the risks of your condition.

You should ask your health care provider about these choices.

How do I prepare for knee arthroscopy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow any instructions your health care provider may give you. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water after midnight.

What happens during the procedure?

You will have a general, regional, or local anesthetic. A general anesthetic will relax your muscles and make you feel as if you are in a deep sleep. Both local and regional anesthetics numb part of the body while you remain awake. All three types of anesthesia should keep you from feeling pain during the operation.

The doctor will then insert the arthroscope, a tube containing a saltwater solution, and a probe instrument into the lower part of your knee. He or she will inject fluid into the knee.

Your doctor may find loose material in the knee or a tear in the cartilage or ligaments. Sometimes the doctor can repair the tears and remove loose pieces of cartilage using small instruments and the arthroscope. If the problem cannot be fixed by this procedure, the doctor may recommend open knee surgery.

After the procedure the doctor will close the small openings with one or two stitches or sticky tape.

What happens after the procedure?

You can go home the day of the procedure.

You should take it easy for at least the next 2 or 3 days.

Keep your leg elevated, with your foot higher than your knee and your knee higher than your hip.

Start bending the knee as soon as possible.

Use your crutches until you can walk nearly normally.

Do light strengthening exercises if instructed to do so by your health care provider.

Ask your health care provider when you can resume full activity. Your recovery time will depend on what was done and how much arthritis you have in your knee.

Ask your health care provider what other steps you should take and when you should come back for a checkup.

What are the benefits of knee arthroscopy?

Your knee problem may be corrected without a large incision, which requires a longer stay in the hospital, more discomfort, and greater expense.

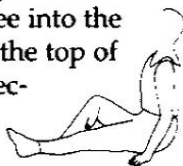
What are the risks associated with this procedure?

There are some risks when you have general anesthesia. Discuss these risks with your health care provider.

5. QUADRICEPS STRETCH: Stand an arm's length away from the wall, facing straight ahead. Brace yourself by keeping the hand on the uninjured side against the wall. With your other hand, grasp the ankle of the injured leg and pull your heel toward your buttocks. Don't arch or twist your back and keep your knees together. Hold this stretch for 15 to 30 seconds. Repeat 3 times.



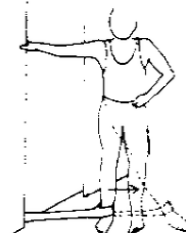
6. QUADRICEPS ISOMETRICS: Sitting on the floor with your injured leg straight and your other leg bent, press the back of your knee into the floor by tightening the muscles on the top of your thigh. Hold this position 10 seconds. Relax. Do 3 sets of 10.



7. WALL SQUAT WITH A BALL: Stand with your back, shoulders, and head against a wall and look straight ahead. Keep your shoulders relaxed and your feet 1 foot away from the wall and a shoulder's width apart. Place a rolled up pillow or a soccer-sized ball between your thighs. Keeping your head against the wall, slowly squat while squeezing the pillow or ball at the same time. Squat down until you are almost in a sitting position. Your thighs will not yet be parallel to the floor. Hold this position for 10 seconds and then slowly slide back up the wall. Make sure you keep squeezing the pillow or ball throughout this exercise. Repeat 10 times. Build up to 3 sets of 10.



8. HIP ADDUCTION: Tie a loop in one end of the tubing and slip the loop around the ankle of your injured side. Make a knot in the other end of the tubing and close the knot in a door. Stand sideways to the door, with your uninjured leg away from the door. Bring your injured leg across your body sideways, crossing over your uninjured leg and stretching the tubing. Return to the starting position. Do 3 sets of 10.



9. KNEE STABILIZATION: Wrap a piece of elastic tubing around the ankle of your uninjured leg. Tie the tubing to a table or other fixed object.

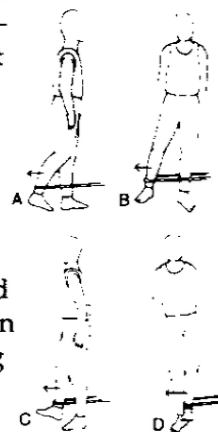
A. Stand on your injured leg facing the table and bend your knee slightly, keeping your thigh muscles tight. While maintaining this position, move your uninjured leg straight back behind you. Do 3 sets of 10.

B. Turn 90° so your injured leg is closest to the table. Move your uninjured leg away from your body. Do 3 sets of 10.

C. Turn 90° again so your back is to the table. Move your uninjured leg straight out in front of you. Do 3 sets of 10.

D. Turn your body 90° again so your uninjured leg is closest to the table. Move your uninjured leg across your body. Do 3 sets of 10.

Hold onto a chair if you need help balancing. This exercise can be made even more challenging by standing on a pillow while you move your uninjured leg.



A local or regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Local or regional anesthesia is considered safer than general anesthesia in people who are older or have certain medical conditions.

Nerve injury can occur, causing numbness around the small incisions.

During repair of the cartilage, nerve or artery damage can occur, which can cause numbness, weakness, or pain in your leg and foot. This rarely happens.

Infection and bleeding may occur.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your health care provider immediately if:

- ▶ There is excessive drainage from the puncture sites.
 - ▶ There is unusual pain in your knee.
 - ▶ You develop swelling in your calf or thigh that is not relieved by elevating your leg.
 - ▶ You develop a fever.
- Call your health care provider during office hours if:
- ▶ You have questions about the procedure or its result.
 - ▶ You want to make another appointment.