Arthroscopic Knee Surgery

What is it?

Arthroscopic knee surgery is surgery to diagnose and repair problems with your knee. The surgeon inserts an arthroscope (a tiny camera) into your knee, and projects a large picture of your knee to a screen, giving a close look at the problems. The surgeon can then make small incisions (cuts) and insert tools to repair or remove damaged tissue.

With arthroscopic surgery, your incisions are small and your recovery is relatively fast. Most patients can go home the day of surgery.

Why do I need it?

Arthroscopic surgery may be recommended if your knee is injured or worn out, causes continuous pain or swelling, or if it “catches” or gives way. The surgery can diagnose or treat problems with the:

- Meniscus, the rubbery cartilage that absorbs shock in the knee
- Ligaments or cartilage, the tissues that holds your knee together
- Bones in the knee
- Synovial membrane, the thin membrane that surrounds the inner lining and produces fluid to help your knee move smoothly.

Talking with your doctor about this procedure

Your doctor will talk with you about your surgery, including the most common benefits, risks, and alternatives. Other benefits and risks may apply in your unique medical situation. The conversation you have with your doctor is the most important part of learning about your surgery and what to expect.

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<tr>
<th>Potential benefits</th>
<th>Potential risks and complications</th>
<th>Alternatives</th>
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<td>Accurate diagnosis. The arthroscope helps your doctor get a better picture of what’s wrong with your knee.</td>
<td>Bleeding or infection. With any surgery, there is a small risk of bleeding or developing a wound infection. Antibiotics and careful sterile techniques are used to reduce this risk.</td>
<td>Arthroscopic knee surgery is usually done after non-surgical options have been tried. These can include:</td>
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<td>Faster recovery. Recovery is usually faster than with surgery involving larger incisions.</td>
<td>Failure to relieve symptoms. Your surgeon will do everything possible to give you the best results. Even so, surgery may not relieve all your symptoms.</td>
<td>• Medications</td>
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<td>Less scarring. The incisions result in very small scars that don’t interfere with movement.</td>
<td>A blood clot in a deep vein (DVT). These problems are rare and treatable.</td>
<td>• Knee wraps or other supports</td>
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<td>• Physical therapy</td>
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<td>• Decrease in activity</td>
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How do I prepare?
Take these steps to help your surgery and recovery go better:

• **Ask for a ride.** A responsible adult should drive you home from the hospital and stay with you the first 24 hours after your surgery.

• **Ask for time off work.** Ask your doctor how long you may need to be off work, and arrange this with your employer.

• **Fast the night before.** Don’t eat or drink anything for 6 to 8 hours before the surgery, or as instructed by your doctor. Take routine medications with a few sips of water.

• **Wear comfortable clothing.** Wear clothes that are loose and easy to get on and off.

• **Bring assistive devices.** If you have a walker, knee brace, or crutches, your doctor will advise you on using them to go home after the surgery.

• **Bring a list of your current medications.** This includes over-the-counter medications, herbal supplements, and vitamins. You may be asked to bring inhalers or other medications with you.

• **Tell your doctor if you’re allergic** to any medications, have a rash or infection near your knee, or if you have ever had any negative reactions to anesthesia.

What happens before the surgery?

• You’ll be given anesthesia so you don’t feel pain during surgery. A doctor who specializes in pain control (an anesthesiologist) will explain the type of anesthesia you will be given. You may be given:
  – General anesthesia: medication delivered through an IV or mask that keeps you asleep and pain free.
  – Regional anesthesia: medication delivered to the nerves around your spine that blocks sensation in your legs. You’ll be awake, but will be given a sedative to make you sleepy and relaxed.
  – Local anesthesia: medication injected to block all sensation in your knee. You’ll be awake, but will be given a sedative to make you sleepy and relaxed.

• Your knee will be marked to make sure that the correct knee is repaired.

What happens during surgery?
The surgery usually lasts between 30 minutes and 1½ hours.

1 The anesthesiologist will give you anesthesia. If you have general anesthesia, you may have an IV line attached to your hand or forearm.

2 After making 1 or 2 tiny incisions (cuts) in your skin, the surgeon will flush your knee with sterile fluid. This will lessen any bleeding and expand your knee so the images can be clearer.

3 The surgeon will insert the arthroscope, so the interior of your knee shows on a video monitor. The surgeon will use the arthroscope to look at various areas of your knee and diagnose the problem.

4 The surgeon may make more incisions to insert small instruments. These will be used to repair damaged tissues or remove loose fragments of bone and cartilage.

5 At the end of the surgery, the surgeon will drain the sterile fluid from your knee and close the incisions with stitches or surgical tape. A bandage may be placed over the incisions.

What happens after surgery?

• **Recovery room.** Nurses will monitor your vital signs (temperature, pulse, breathing rate, and blood pressure) for 1 or 2 hours in a recovery room. You’ll be able to go home as soon as your vital signs are good, you are fully awake, and you can move to a chair or stand and walk.

• **Home instructions.** The nurses or medical team will discuss the outcome of your surgery, and instructions for caring for yourself at home. You may not remember this information. Ask a friend or family member to take notes.
How do I care for myself at home?

Pain and swelling

- **Take your pain medication as prescribed by your doctor.** When your pain is controlled well, your body can focus more on healing. The pain medication your doctor has prescribed for you to take at home is:
  
  Take your pain medication as ordered by your doctor. Don’t wait for the pain to get too bad.

- **Don’t take any pain medication that your doctor has not recommended,** and don’t drink alcohol while taking pain medication.

- **Elevate your leg.** For the first 2 days, keep your leg elevated above your heart. Lie flat and use 2 or 3 pillows to prop up your knee.

- **Use ice** as directed by your doctor to relieve pain and swelling for 2 to 3 days.

Nausea and constipation

- Some pain medication can cause constipation. Take over-the-counter stool softeners or laxatives if needed. Drink at least 8 glasses of water each day.

- Some patients have some nausea from the general anesthesia. If so, start by drinking clear liquids and slowly add solid foods when you’re ready.

Incision care and compression stockings

- **Keep your bandages clean and dry.** You can remove your bandages after ______________. You can take a bath or shower without worrying about getting your incisions wet after ______________.

- **Wear your compression stockings** (T.E.D. hose). Compression stockings help prevent blood clots. Wear them until ______________.

- **Watch for bleeding.** You may have a small amount of bleeding from your surgical incisions. This is normal.

- **Watch for signs of infection** at the incision site (increased redness or swelling, pus, or fever over 101°F) and report them to your doctor.

Activity

- **Take it easy the first day.** You should rest on the day of surgery, other than getting up for the bathroom or to get meals or medication.

- **Follow your doctor’s instructions about walking or weight-bearing on your leg.** Don’t put any weight on your knee until ___________________. You may start walking after ___________________. If your doctor tells you to use crutches, be sure to use them every time you walk.

- **Do range-of-motion exercises as prescribed.** These will help you regain strength, balance, and range-of-motion in your legs and knees — and prevent blood clots. Unless told otherwise, start these exercises on the day of surgery, and do them as often as every hour you’re awake. Your exercises may include:
  - **Quad sets.** Tighten the muscles on the top of your thigh, while at the same time pushing the back of your knee down into the chair or bed. Hold for 5 seconds, then relax for 5 seconds. Repeat.
  - **Ankle pumps.** Slowly move the front of your foot up and down, as if you are pumping the brake on a car.
  - **Straight leg raises.** Keep your affected leg flat and straight. Bend the other leg, with the foot flat on the floor. Slowly raise the affected leg — keeping it as straight as you can — until it’s about 6 inches off the floor. Hold for 5 seconds and the lower the leg.

- **Avoid activities that cause pain or swelling** to the knee. Examples include climbing stairs or standing or sitting for long periods.

- **Begin other activities as advised by your doctor.** In most cases, you can start other activities a week after surgery, but talk with your doctor before you drive or do any sport or strenuous work. Don’t do activities like biking, hiking, or lifting weights until you can bend your knee freely to 90 degrees.
Returning to work

Return to work when your doctor advises. The recovery period after arthroscopic surgery is different for each patient. Many patients can return to office work within a week — sometimes even the next day. If your work is physically strenuous and a light duty assignment is not available, you may need to be off work longer. Your doctor will tell you when it is safe to go back to work.

You can return to work after ________________.

Recovery and follow-up

The recovery period after arthroscopic surgery, and what you can expect long-term, depends on your knee problems, general physical condition, and other factors.

- **Follow-up appointment.** Your doctor will schedule an appointment to check your progress, set up a treatment program, and answer your questions. Write down your questions and bring the list with you to make sure you cover everything that’s important to you. Your follow-up appointment is on:
  - _____________________________ (date)
  - _____________________________ (time)
  - _____________________________ (doctor)
  - _____________________________ (place).

- **Physical therapy.** Your doctor may recommend physical therapy. A physical therapist can create and supervise a program of specific exercises to increase your flexibility, strength, and balance. Physical therapy also includes a variety of treatments to reduce scar tissue, promote healing, and help prevent future injuries.

When should I call the doctor?

Watch for problems, and call your doctor if you experience any of the following:

- Your knee keeps bleeding (small spots might show on the bandages, but they shouldn’t spread).
- You have pain that you cannot control.
- Pus or foul-smelling liquid drains from your knee.
- You have chills or a fever over 101°F.
- You have nausea and vomiting that does not stop.
- Your knee continues to swell or feel numb, and elevating your leg or loosening your bandage doesn’t help.
- Symptoms of a blood clot in a deep vein (DVT), including chest pain or shortness of breath. If these are severe, seek emergency care.