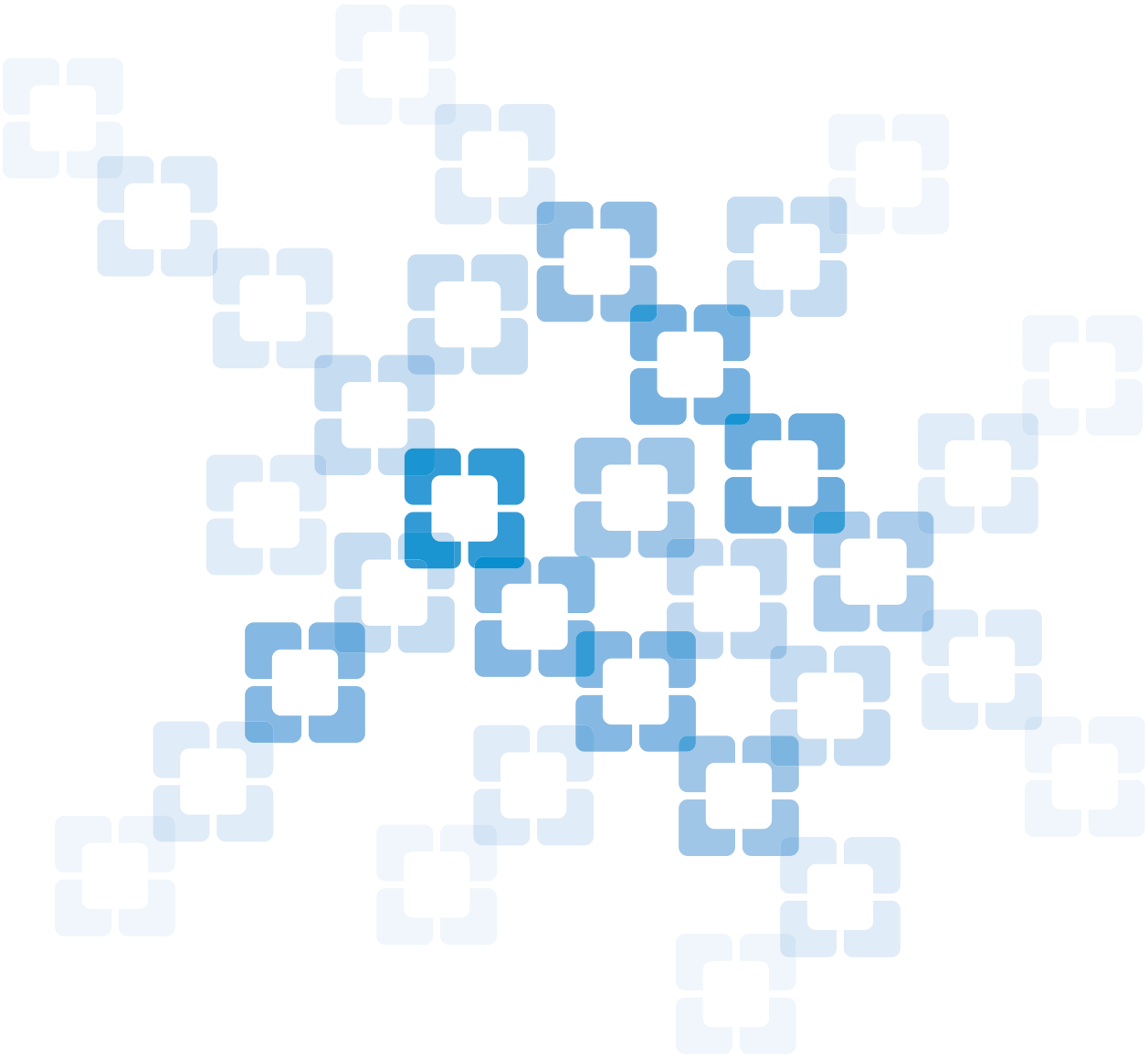
Cleveland Clinic
Sports Health

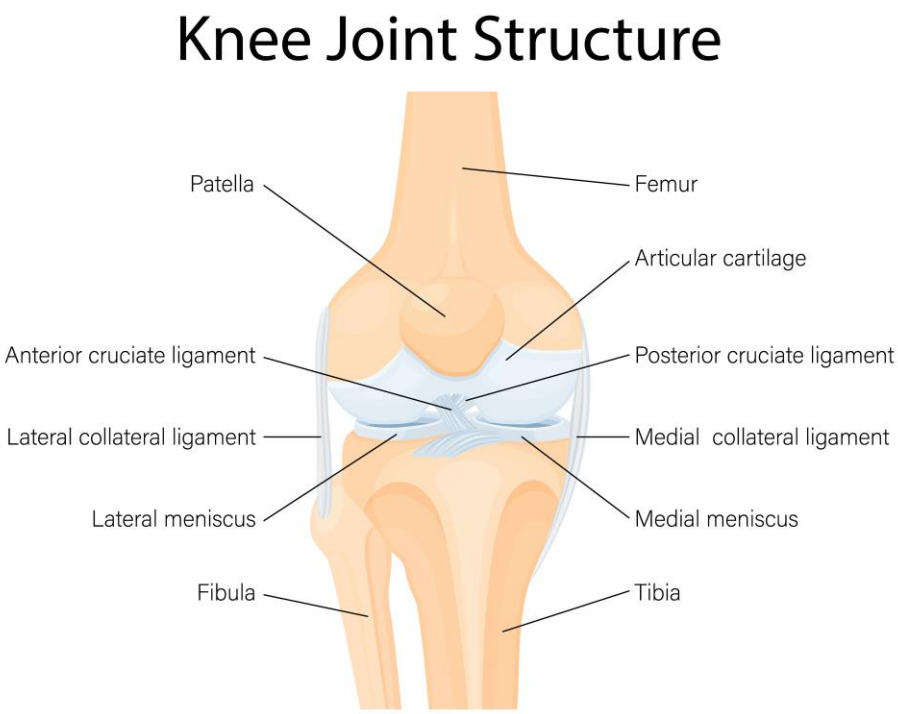
Knee Arthroscopic Surgery



What is knee arthroscopy surgery?

The word arthroscopy (pronounced arth-ROS-copy) comes from the root words ARTHRO (meaning joint) and SCOPE (meaning to look). It is a minimally invasive way for a surgeon to examine and treat problems inside the joint. Arthroscopic knee surgery is a minimally invasive knee surgery performed by some orthopedic surgeons, using a small camera and specialized equipment to access the knee using very small incisions. Surgery is often performed as a day surgery, allowing patients to go home the same day. The benefits of arthroscopy include smaller incisions, less pain, lower risk of infection and a faster recovery. Arthroscopic knee surgery can be used for a variety of knee problems, including addressing ligament and meniscal tears, fixing cartilage problems, and removing loose objects inside the knee.

What is the anatomy of the knee?



The knee is a hinge joint made up of the femur above, the patella at the front, and the tibia (and fibula) bones below. The bones that form the joint are covered in a smooth substance called cartilage that allows the bones to smoothly slide over each other in a pain free manner. Arthritis is the medical name given to cartilage damage.

The knee is stabilized by 4 major ligaments: the anterior cruciate ligament (ACL) at the front, the posterior cruciate ligament (PCL) at the back, the medial collateral ligament (MCL) on the inside, and the lateral collateral ligament (LCL) on the outside part of the knee.

Between the femur bone and the tibia bone, lie two curved pieces of cartilage called the menisci, one on the inside (medial meniscus) and one on the outside (lateral meniscus) of the knee joint. Each meniscus acts as a shock absorber for the knee.

What are common indications for knee arthroscopy?

- Torn meniscus.
- Torn ligament – most commonly the anterior cruciate ligament (ACL).
- Loose bodies.
- Small areas of cartilage loss.
- Removal of scar tissue.
- Importantly, arthroscopy is normally NOT a good treatment for knee arthritis.

Who can benefit from knee arthroscopy?

Patients with structural abnormalities of the knee (such as a torn meniscus, torn ligament, loose body) and who have no arthritis are most likely to benefit from arthroscopy of the knee.

In 2002 and 2008, major studies were published in the New England Journal of Medicine showing that in patients with moderate or severe arthritis and meniscal tears, outcomes were generally equal in patients that had physical therapy versus patients that had arthroscopy. Because of this, most surgeons recommend physical therapy and other nonoperative treatments, rather than arthroscopy, in patients with knee arthritis.

What is the difference between meniscal debridement and meniscal repair?

Meniscal debridement is the removal of torn pieces of meniscus, often using a biter tool or small shaver. This procedure leaves a smaller, smooth meniscus, and can be very effective in reducing pain and allowing a return to full activity. This is the most common arthroscopic knee surgery procedure and gives patients rapid recovery as no healing of the torn meniscus is needed.

Meniscal repair is the sewing back together of meniscal fragments and can be done through the small portal incisions (all-inside technique) or occasionally with a larger accessory incision. This leaves the meniscus the same size and as close to normal as possible. However, the recovery is often longer with repair as the meniscus needs to be protected while healing.

The decision to debride versus repair the meniscus is often made during surgery by the surgeon, who will evaluate blood supply, tear orientation, quality of the torn meniscus, arthritis, patient age, health, and other injuries to perform the best procedure.

What can I do to prepare for knee arthroscopy?

- Ensure your surgeon has answered all your questions.
- Bring a list of all medications to your preop visit. Your surgeon, or preop medicine provider, will discuss with you which medications should be stopped, and which continued around the time of surgery.
- Ensure that you have no obligations on the day of surgery, and at least for 24 hours afterwards.
- Ensure that you have a friend or family member that can bring you home after your surgery is complete.
- Remove any tripping hazards at home.
- Quit smoking. Quitting is one of the best things you can do to promote a healthy and fast recovery.

What can I expect the day of surgery?

Bathe the night before and the morning of surgery. Wash the operative knee well with soap (some surgeons will provide a special soap at the preop visit).

Do not eat anything from midnight the night before surgery. You may drink small amounts of clear fluids until 2 hours before surgery. Clear fluids include water, black coffee, and some clear sports drinks. Milk, protein drinks, carbonated beverages, and alcohol should not be consumed before surgery.

YES	NO
Water	Milk (including soy, almond, etc.)
Gatorade/Powerade/Vitamin Water	Cream or non-dairy creamers
Clear juice (nothing floating in it)	Juice with pulp
Coffee/Tea (black or with sugar)	Coffee/tea with cream or milk
Soda	Protein drinks
Jello (without fruit)	Beer, wine, alcohol
	Smoothies

Wear comfortable, loose clothing. Your knee will be bandaged after surgery, and it may be difficult to wear tight fitting pants. Wear comfortable, supportive shoes. Remove all jewelry and nail polish. Do not wear contact lenses. If you have crutches, bring them with you.

You will meet with the surgeon, anesthesia provider, and nurses. You will change into a gown. Your correct knee will be marked with the surgeon's initials as a safety check. You will have an opportunity to ask questions. You will have your identity and site of surgery checked multiple times.

What can I expect after surgery?

Questions

- If you have questions or concerns after surgery, please read this document first. If you have urgent questions which are not answered here, please call your surgeon's office.
- Complications after surgery are very uncommon. However, if you have an emergency, call 911, or head directly to your nearest emergency room. If you have an urgent question, call your surgeon's office during the day, or call the on-call after hours answering service at Cleveland Clinic. If you have a non-emergency question, please call the office and leave a message for your surgeon. Calls are normally answered within 1 workday.

Use of the leg

- Use crutches or a walker while standing and walking so that your operated leg is comfortable. Your surgeon will let you know how much weight you can place through the operated leg.
- Driving can restart when you are comfortable controlling your car. Wait until your strength has returned and you can place full weight through the operated leg. Do not drive or use heavy machinery while taking any opiate medication.
- Flying and traveling should be discussed with your surgeon to ensure strategies to decrease the chance of developing a blood clot (also known as a deep vein thrombosis, or DVT).

Wound care

- Refer to your surgeon's instructions for when to remove your dressing and when it is okay to shower.

Pain control

- Take the medication as prescribed by your surgeon. Your pain should be controlled by acetaminophen (Tylenol) and a non-steroidal anti-inflammatory drug (NSAID), and cold therapy. Sometimes your surgeon will prescribe an opiate medication.
- Do not drink alcohol or use illegal drugs after surgery, particularly while taking the opiate medication.
- Ice or a cold therapy device will aid in decreasing pain and swelling. For the first 24 hours following surgery, use the ice or cold therapy device as much as possible (15 minutes on, 15 minutes off) except when you go to bed. This will help reduce the swelling and minimize the pain. You will need to continuously change the ice so that it remains cold. Keep the leg elevated.

Follow up

- You should have a follow up appointment scheduled 2-3 weeks after surgery. If you do not have one already made, please call the office the business day after surgery to schedule a visit.

Notes

Every life deserves world class care.

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