



Banff Sport Medicine

Knee Arthroscopy

What is a Knee Arthroscopy?

Arthroscopy uses a very small camera to look inside a joint. The camera is inserted through a small incision and allows the surgeon to see all of the knee structures. As the surgeon moves the arthroscope around, magnified views are shown on a TV screen. The surgeon can then perform any necessary procedures inside the knee such as trimming or repairing a torn meniscus, performing a lateral release, micro-fracturing damaged bony (articular) cartilage, and cleaning up the joint spaces by removing floating particles of bone or cartilage.

Diagnosis:

- The surgeon will diagnose your knee injury by taking a detailed history of how it occurred and by completing a careful physical examination. The surgeon may also order x-rays to assist with making this diagnosis. Once the diagnosis is made the surgeon will discuss treatment options with you. Many different problems inside the knee joint can be treated via arthroscopy.
- MRI (magnetic resonance imaging) is only used when the diagnosis is still in question, the extent of damage is unclear, or to assess the amount of damage to other structures (e.g. other ligaments or bones).

Why have a Knee Arthroscopy?

- To decrease knee joint pain
- To prevent further episodes of knee catching or locking
- To complete other procedures inside the knee such as a lateral release, microfracture or meniscal repair

Options other than Surgery

- Your surgeon may recommend non-operative treatments such as physiotherapy, bracing, lifestyle modifications, injections or medications to treat your injury. Surgery is not usually recommended until after non-surgical treatments have been tried. Some conditions such as osteoarthritis may not benefit from knee arthroscopy.

Surgery Timing

- We recommended all patients stay as active as possible before surgery by following the pre-surgery rehabilitation program. This will allow you to improve or maintain range of knee motion, improve your strength and balance, and build your endurance by doing non-impact sports (biking, swimming, elliptical). Regaining strength, increasing movement in your knee, and maintaining your fitness will prepare you for surgery and will also help you to recover faster after surgery.
- If your knee symptoms improve significantly while you are preparing for surgery and you would like to discuss non-operative management of your knee problem please call the office to arrange a follow-up appointment before your surgery date.

The Procedure

- After an appropriate anaesthetic has been administered, your leg will be washed and covered with sterile drapes. A camera (arthroscope) is inserted into the knee joint through a small incision. The surgeon will then assess all the structures in your knee.
- Through a second small incision the surgeon can put other instruments into your knee to perform procedures such as trimming, cleaning up and repairing of meniscus or cartilage. • Other procedures such as a lateral release, meniscal repair, or microfracturing can be done if the surgeon sees injuries that need these treatments.

RISKS OF SURGERY

Risk of Infection: less than 1 in 100

- Intravenous antibiotics are given before and after surgery to help prevent infection. • If an infection occurs, it will usually happen within 5-7 days of your surgery. Some minor wound infections can be treated with a short course of oral antibiotics, whereas more severe wound or skin infections may require a longer course of intravenous antibiotics. In less than 1 in 400 cases, a deep infection can occur in the joint. In these cases, surgery is required to wash out the infection, followed by 4-6 weeks of intravenous antibiotics.

Risk of Clot in Leg Veins (deep vein thrombosis): less than 1 in 100

- If severe calf, ankle and foot swelling occurs 3 days to 2 weeks after surgery, you could have a clot in a deep vein of your leg (DVT). See a doctor as soon as possible. Treatment for a blood clot is usually blood-thinning medication (anticoagulants) for 3-6 months.

Risk of Clot in Lungs (pulmonary emboli): less than 1 in 500

- It is possible for a blood clot to travel to your lung; this is called a pulmonary embolism. If you suddenly get short of breath or have chest pain, go to the nearest emergency room or call 911. A pulmonary embolism is a medical emergency and can cause death.
- In certain patients with risk factors for a blood clot, preventive blood thinners will be prescribed for a short period of time after surgery

Risk of Skin Numbness around Incision: very common

- Every patient gets some numbness around their incision because some small surface nerves are cut during surgery

Risk of Persistent Swelling and Pain: less than 5 in 100

- In a small percentage of cases, persistent, non-localized pain and swelling develops after surgery; these symptoms may respond to anti-inflammatory medications, physiotherapy, cortisone or viscosupplementation injections

Risk of Failure to relieve symptoms: 5-10 in 100

- Depending on your injury, your symptoms may only be partially alleviated or not decreased at all following knee arthroscopy

Your Stay in Hospital

- You will be admitted to the hospital on the day of your surgery. Your admission time will be approximately 2-3 hours before your actual surgery time. Your surgery will take 1-2 hours. You will be called approximately 5 days prior to your surgery date with your arrival time.
- You can have an MPFL reconstruction with either a general anesthetic (go to sleep) or spinal anesthetic (freeze from the waist down). Your anesthetist will discuss these options with you on the day of surgery.
- Although MPFL reconstruction is usually day surgery, in rare instances, your surgeon or the anesthetist may recommend that you be admitted to the hospital overnight, so be prepared for this.
- Please provide the office with any insurance forms you have prior to the day of your surgery, as it can take up to 2 weeks to have them completed and returned to you. Please note we do charge a fee as completion of forms is not covered by Alberta Health Care.

Medical Aid Products

- **Crutches** - can be purchased at the Banff Mineral Springs Hospital or from our clinic. If you bring your own crutches with you, please make sure they are clearly labeled.
- **Cold Therapy Unit** - is used to help control pain and swelling after surgery. You can order a Cold Therapy Unit, complete with a knee pad, through the Shop found on our website or at our clinic. Alternatively, you can purchase a Cold Therapy Unit from your local healthcare provider or from an online health supply store. For portable use you can purchase a battery pack, which allows you to use your Cold Therapy Unit without an electrical outlet. We recommend that you buy your Cold Therapy Unit at least a week before your surgery to make sure that you have it delivered in time.
- **Brace** - in the majority of cases a brace is not used after surgery unless other ligaments or tissues are repaired.

Postoperative Pain Control and Wound Care

- **Rest, ice, compression, and elevation of your surgery leg.**
- You will be given a prescription for anti-inflammatory medication (ie Naproxen) and a narcotic analgesic (ie Oxycodone) depending on the surgeon's preference and the patient's history of allergies and drug intolerances, before you leave the hospital.
- Refer to the Post Op Concerns and Opioid Medications sheets included in your surgery package for more information
- We recommend you wait 4 days before removing your bandages and taking a shower. To minimize the risk of post-operative infection, please do not soak in a bathtub, swim, or go into a hot tub until your incisions are completely healed. This will be a minimum of 3-weeks after surgery.
- Redness and pain along the shin (caused by blood tracking into the area from the surgery) can occur 3-7 days after surgery. This usually goes away 7-10 days after surgery and is not a concern unless your incisions are also red.

Discharge from Hospital

- Ensure you have your prescriptions for pain and anti-inflammatory medications before you leave the hospital.
- You must have someone to drive you home.
- Minimum 1 week resting at home, keeping the surgery leg elevated and using ice regularly to manage swelling and pain.
- Discuss any travel plans with your surgeon, because long trips can increase the risk of blood clots.

Follow-up Visits

- For a simple knee arthroscopy, follow-up appointments are usually not needed
- Contact your orthopaedic surgeon if you are experiencing ongoing problems (i.e. if your knee does not feel better than it did pre-operatively after 6-8 weeks).

Recovery Time

- For simple knee arthroscopy including trimming of meniscus = 6-8 weeks
- For debridement of osteoarthritis = 6-12 weeks, and sometimes longer
- For meniscal repairs = 3-6 months
- For microfracture of bony cartilage = 3-6 months

Physiotherapy

- After a simple knee arthroscopy, there are no restrictions in your activity level; pain and swelling will be your guide (unless otherwise specified by your surgeon). You may see a physiotherapist if you require assistance with your rehabilitation, but this is not required unless prescribed by your surgeon. If you have had a more complex procedure during your scope, please discuss your rehabilitation with your surgeon. Examples of these include: lateral release, meniscal repair, micro-fracture, manipulation.

Return to Sport

- As a general rule, you may start using low impact exercise equipment such as a stationary bike or elliptical trainer 1-2 weeks post-operatively if your knee is not too sore or swollen. Slowly progress exercises by following the post-operative rehabilitation protocol for knee arthroscopy.