

Knee Arthroscopy

Arthroscopy of the knee is a minimally invasive intervention that allows for treatment of a multitude of different knee problems. It is most often done for treatment of meniscal tears. Treatment of meniscal tears most often involves removal or excision of the torn portion of the meniscus. Depending on your age and the location of your meniscal pathology, repair of the tear might be an option. Meniscal repair does require a longer period on crutches (4-6 weeks) but has the advantage of leaving your knee in its pre-injury state. You may also have some damage to the articular cartilage in your knee. There are several options for treatment of these injuries, again depending on your age and the magnitude of injury to the cartilage. Some cartilage repair techniques require a prolonged period on crutches (6 weeks) and others may even require a second procedure be done for re-implantation. The decision about which of these treatments is optimal is often not made until visualization of the lesions at the time of surgery. Listed below are some of the more common risks associated with arthroscopy of the knee:

1. Infection is a rare but serious complication that can occur after arthroscopy. Treatment often requires more surgery (often multiple) and a prolonged period on IV antibiotics.
2. Deep venous thrombosis (DVT) or blood clot can occur after any surgery. Fortunately, is a rare occurrence after simple arthroscopy. You should let us know if you have a history of blood clot with other interventions.
3. Stiffness can occur after any lower extremity surgery. It will usually respond to physical therapy. Rarely, further surgery might be necessary in order to overcome the stiffness.
4. Neurovascular injury has been described after arthroscopy. This may result in numbness or tingling in the leg that can be temporary or permanent. A painful neuroma can be a source of pain after arthroscopy as well. Fortunately, these problems are exceedingly rare after routine arthroscopy.
5. Anesthesia risks are always a concern with any surgical intervention. Your risk with anesthesia is closely tied to your overall medical health. The anesthesia staff will give you a better sense of what your anesthetic choices are and the inherent risks of each.

After Surgery:

1. Crutch use will be determined by what was done at the time of your surgery. You will get instructions from the doctor and the recovery room staff
2. Your knee will feel öbogyö and full of water for a few days after the surgery.
3. The knee will be stiff as a result of this fluid and it may take several weeks for this stiffness to dissipate
4. A local anesthetic is placed in the knee at the completion of the procedure that will give you a false sense of mobility and comfort. Please resist the temptation to do too much in the early hours after surgery as a result. Ice, elevation and rest are important in the first 24-48 hours after surgery. Remember to begin taking your prescribed pain medication BEFORE the local anesthetic wears off.

Follow up Visits:

- One week for suture removal
- 4 weeks
- 12 weeks