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KNEE ARTHROSCOPY PREOP INFORMATION

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WHAT IS ARTHROSCOPY?

Arthroscopy is a surgical procedure that orthopedic surgeons use to visualize, diagnose and treat problems inside of a joint. The word arthroscopy comes from the Greek words, "arthro" (joint) and "skopein" (to look). The term literally means "to look within the joint". In an arthroscopic examination, Dr. Lee makes a small incision in the patient's skin and inserts pencil-sized instruments that contain a small lens and lighting system to magnify and illuminate the structures inside the joint. Light is transmitted through fiber optics to the end of the arthroscope that is inserted into the joint. By attaching the arthroscope to a miniature camera, Dr. Lee is able to see the interior of the joint through this very small incision rather than the large incision needed for conventional "open" surgery. The television camera attached to the arthroscope displays the image of the joint on a television screen, allowing Dr. Lee to look throughout the entire joint. Dr. Lee can determine the amount and type of injury, and then repair or correct the problem, if it is necessary.

WHY IS ARTHROSCOPY NECESSARY?

Diagnosing joint injuries and disease begins with a thorough medical history, physical examination, and usually x-rays and/or imaging (CT scan/ MRI). The arthroscope allows Dr. Lee to make a final diagnosis and treat it. A meniscus tear, ligament tear, or cartilage injury are the most common reasons for knee arthroscopy.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Although uncommon, complications do occur occasionally during or following arthroscopy. Infection, phlebitis (blood clots of a vein), excessive swelling or bleeding, joint stiffness damage to blood vessels or nerves, and instrument breakage are the most common complications, but occur in far less than 1% of all arthroscopic procedures. Other complications include, but are not limited to, cartilage damage and anesthetic complications.

WHAT ARE THEY ADVANTAGES?

Knee arthroscopy is performed as day surgery. Compared to open surgery (large incision), arthroscopy provides improved cosmesis, shorter recovery time, accelerated rehabilitation, fewer complications, less pain, and less damage to soft tissues at the incision site.

WHAT SHOULD I DO BEFORE KNEE SURGERY?

Dr. Lee may ask you to see your primary care physician for pre-operative surgical clearance. Depending on your age and medical condition, you may be asked to get an ECG, chest x-ray, and other laboratory tests a few days or weeks prior to your schedule surgery date. Once your surgical date is scheduled, please call a physical therapist to make an appointment to be seen the week after surgery.

Dr. Lee will ask you not to eat or drink anything after midnight the day of surgery. Many medications you can take on the day of surgery, but you should not take any aspirin or anti-inflammatory medications (e.g. Advil, Motrin, Ibuprofen) for 7 days before your surgery as they can increase bleeding. You will be given special soap (chlorhexidine) to shower with the evening before and the morning of surgery.

You must arrange for someone to pick you up after surgery and stay with you for the first 24 hours after surgery.

WHAT HAPPENS ON THE DAY OF SURGERY?

On the day of arthroscopy you will need to:

-shower in the morning with the chlorhexidine soap
-wear loose, comfortable clothing
-remove all jewelry
-go to bathroom just before surgery

Before surgery, you will be in the "pre-operative holding area" where the nurse or anesthesiologist will start an intravenous line, or "IV". Your anesthesiologist will meet with you to go over the options for anesthesia which include local anesthetic with sedation and general anesthesia.

HOW IS ARTHROSCOPY PERFORMED?

The length of time for knee arthroscopy varies, depending on what is done during the surgery. Generally, it takes 30 to 60 minutes for the surgery.

Two or three small incisions (about 3 millimeters in length) are made on the front of your knee to insert the arthroscopy camera and necessary instruments. Attached to this is a camera and light source which is also attached to a TV monitor. A pump is used to precisely monitor the amount of fluid (sterile saline) to irrigate and fill the joint space for better viewing. Pictures and video may be taken and saved for later reference.

Dr. Lee will inspect the entire joint first. He may use a motorized "shaving" instrument to clean up torn cartilage or excessive growth of tissues. The amount of surgery required and recovery time will depend upon the complexity of your problem. Occasionally, during arthroscopy, Dr. Lee may discover that the injury or disease cannot be treated adequately with arthroscopy alone. The "open" surgery, if previously agreed, can often be performed while you are still anesthetized.

WHAT HAPPENS IMMEDIATELY AFTER SURGERY?

After your arthroscopy you will go the recovery room. You will remain there until the effects of your anesthetic have begun to wear off. You will remain in the recovery room until you can eat, drink, and urinate without difficulty. Specially trained nurses will monitor your progress and give you verbal and written discharge instructions. You will not be able to drive home after surgery and we recommend that someone stay with you overnight.

Most patients will be able to walk with crutches immediately after surgery, but this may vary depending on what is done during surgery. You may have a "cooling device" that you may wear intermittently for the first few days after surgery. You are usually given Norco as a pain medication. This is a strong narcotic, and I recommend you take Tylenol instead, only using the narcotic for severe

pain. Colace is a stool softener which you should as long as you are taking Norco. Zofran is only as needed if you are nauseous.

Please buy a knee-high DVT compression stocking prior to surgery (T.E.D. hose or similar), which can be purchased at medical supply stores or a pharmacy. You will need to wear this for 2 weeks after surgery. Additionally, take a full strength Aspirin (325 mg) each day for 3 weeks after surgery for clot prevention.

WHEN CAN I DRIVE?

Driving recommendations will vary with the specific surgery. You should not drive while you are using narcotic medications. If your surgery is on the left side, you may be able to drive in a few days (for automatic transmission). If your surgery is on the right side (or manual transmission), it may take 1-2 weeks before you are able to drive. This may be longer if you undergo ACL reconstruction.

WHEN CAN I RETURN TO NORMAL ACTIVITIES

Most patients return to desk work or school within a week, but we recommend at least 1-2 days off. If your job requires physical activity, it may take much longer (weeks or months) depending on the nature of your job and type of surgery. It can take several months for your knee to "completely" recover.

The sutures are usually absorbable. You can take the bandages off 48 hours after surgery, but leave the steri-strips on. You may shower 5 days after surgery, but we recommend that you keep the incisions clean and dry until your first postoperative visit. You should not take baths or "hot tub" until 3 weeks after surgery. A rehabilitation plan will be discussed with you after surgery and expected recovery timelines will be made more specific, depending on what exactly was seen and done during surgery.

For minor arthroscopic procedures (e.g. partial menisectomy), limited sports activities can usually be started by the 4th week. For major procedures (e.g. ACL reconstruction), limited sports begins after 4-6 months, and elite athletes will take longer than this to return to competitive form.

If you have any questions, contact Dr. Lee at (626) 888-3818.

Adapted courtesy of Drs. Tom Gill and Tim McAdams.