

KNEE ARTHROSCOPY AND MENISCUS SURGERY

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KNEE ARTHROSCOPY:

Arthroscopic surgery of the knee is a minimally invasive procedure allowing visualization and treatment of many problems inside your knee joint. The procedure is performed as an outpatient, which means you are able to go home after the surgery. Typically you are asleep during the procedure (general anesthesia). If you are not satisfactory health for general anesthesia, you can discuss other options with the anesthesiology team.

Two incisions measuring less than 1cm each are made on the front of your knee on each side of your kneecap. A small camera is inserted through one incision, and tools are used through the other. The knee is filled with fluid to allow movement and visibility within the joint. The entire interior of the knee is visualized and evaluated for problems at the beginning of the procedure.

Once the surgery is complete, the knee is drained of all the fluid. It is then injected with local anesthetic to help with pain control after surgery. Dressings, a thigh-high stocking, and a cooling device (cryocuff) will be placed on your leg. The surgical procedure takes between 45 to 90 minutes. You will then require 1 ½ to 2 hours in the recovery room prior to being released home.

THE MENISCUS:

Treatment of the meniscus is the most common reason for arthroscopic surgery of the knee. There are two menisci in you knee: one medial (inner part) and one lateral (outer part). The menisci are soft tissue structures shape like a “C”. They rest between the femur (thigh bone) and the tibia (shin bone) within the knee. They act as shock absorbers and help in stabilizing the knee during motion. Tearing of the meniscus usually occurs during a twisting injury. Many people feel a pop, and most have subsequent pain and swelling. Menisci can also degenerate over time due to wear and tear. Regardless, once torn the meniscus can be a source of considerable pain. Due to their limited blood supply, most meniscal tears will not heal on their own and require surgical treatment. Tears can worsen over time if not treated causing the loss of more meniscal tissue at the time of surgery.

Surgical treatment of a meniscal tear involves either trimming (partial meniscectomy) or repairing the tissue. Repairable tears are vertical tears at the periphery of the meniscus from a recent injury. Most tears are not repairable, but this decision is made during the procedure.

AFTER SURGERY:

Most patients will have soreness and swelling in their knee after surgery. This is controlled with pain pills and ice. Pain should begin to improve after the first 48 hours. The cryocuff should be used continuously for 48 hours after the surgery, and then as needed for swelling. Most patients also find the cryocuff useful during the rehab period to combat swelling after physical therapy sessions.

A pain medication like Norco, Vicodin, or Darvocet will be prescribed prior to surgery. This is typically required for the early postoperative pain. When taking these medications you should also take Colace (Docusate) as a stool softener to prevent constipation. Colace can be found at the pharmacy and does not require a prescription. You can switch to Tylenol or Motrin as soon as your pain allows.

Crutches will be provided in the recovery room, but unless otherwise notified you can begin putting weight on the surgical leg as soon as pain allows. Most patients require crutch assistance for 2-3 days. If a meniscal repair is performed you may be instructed to avoid placing weight on the leg for 4 weeks. Bending the knee is encouraged, but rigorous use of the leg should be avoided until your follow-up appointment. Usually you will be sent home with thigh stockings on both legs. These are used to decrease swelling and decrease the chance of blood clots. The stocking can be removed from the non-surgical leg at any time.

Three days after surgery you can remove the stocking and dressings from your surgical leg. Each incision has a nylon suture which should not be removed. After dressing removal it is OK to shower. Cover the incisions with Band-Aids after the shower. In order to avoid infection, do not submerge your incisions in a bath, pool, or tub until they have healed completely. This usually takes 2-3 weeks.

A follow-up appointment in my office should be scheduled for 7-10 days after surgery. At that visit we will remove your sutures and review pictures from your surgery. You will then be referred to physical therapy. Most patients require 4-6 weeks of therapy for a full recovery. Rehabilitation is longer after a meniscal repair.