

Paul D Maitino DO FAOAO Hip Knee Shoulder & sports medicine Oklahoma City OK

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Knee Arthroscopy

The knee joint, which appears like a simple hinge-joint, is one of the most complex joints. It consists of the femur (thighbone), tibia (shinbone) and patella (kneecap). The knee is a synovial joint, which means it is lined by synovium. The synovium produces fluid lubricating and nourishing the inside of the joint. Articular cartilage is the smooth surfaces at the end of the femur and tibia. It is the damage to this surface, which causes arthritis.

Arthroscopy is a surgical procedure in which an arthroscope is inserted into a joint. Arthroscopy is a term that comes from two Greek words, arthro-, meaning joint, and -skopein, meaning to examine.

Arthroscopy is performed in a hospital operating room under general anesthetic.

The arthroscope is a small fiber-optic viewing instrument made up of a tiny lens, light source and video camera. The surgical instruments used in arthroscopic surgery are very small (only 3 or 4 mm in diameter), but appear much larger when viewed through an arthroscope.

The television camera attached to the arthroscope displays the image of the joint on a television screen, allowing the surgeon to look, for example, throughout the knee at cartilage and ligaments, and under the kneecap. The surgeon can determine the amount or type of injury, and then repair or correct the problem, if it is necessary.

The surgeon makes two small incisions (about 1/4 of an inch), around the joint area. Each incision is called a portal. These incisions result in very small scars which in many cases are unnoticeable.

In one portal, the arthroscope is inserted to view the knee joint. Along with the arthroscope, a sterile solution is pumped to the joint which expands the knee joint, giving the surgeon a clear view and room to work. The sterile solution is regulated by a drainage needle for the amount of fluid in the joint during the procedure.

With the images from the arthroscope as a guide, the surgeon can look for any pathology or anomaly. The large image on the television screen allows the surgeon to

see the joint directly and to determine the extent of the injuries and then to perform the particular surgical procedure if necessary.

The other portal is used for the insertion of surgical instruments. A surgical instrument is used to probe various parts within the joint to determine the extent of the problem. If the surgeon sees an opportunity to treat a problem, a variety of surgical instruments can be inserted through this portal. After treating the problem, the portals (incisions) are closed by suturing or by tape. Arthroscopy is much less traumatic to the muscles, ligaments, and tissues than the traditional method of surgically opening the knee with long incisions (arthrotomy).

Post-operative recovery

- You will wake up in the recovery room and then be transferred back to the ward
- A bandage will be around the operated knee
- Once you are recovered your drip will be removed and you will be shown a number of exercises to do.
- Your surgeon will see you prior to discharge and explain the findings of the operation and what was done during surgery.
- Pain medication will be provided and should be taken as directed
- You can remove the bandage in 24 hours and place waterproof dressings (provided) over the wounds
- It is NORMAL for the knee to swell after the surgery. Elevating the leg when you are seated and placing Ice-Packs on the knee will help to reduce swelling. (Ice packs on for 20 min 3-4 times a day until swelling has reduced)
- You are able to drive and return to work when comfortable unless otherwise instructed
- Please make an appointment 7-10 days after surgery to monitor your progress and remove the 2 stitches in your knee.

Risks specifically related to the surgery.

Risks related to Arthroscopic knee surgery include:

- Post-operative bleeding
- Deep Vein Thrombosis (DVT)
- Infection
- Stiffness
- Numbness to part of the skin near the incisions
- Injury to vessels, nerves and a chronic pain syndrome
- Progression of the disease process

The risks and complications of arthroscopic knee surgery are extremely small. One must however bear in mind that occasionally there is more damage in the knee than was initially thought and that may affect the recovery time. In addition if the cartilage in the knee is partly worn out then arthroscopic surgery has about a 65% chance of improving symptoms in the short to medium term but more definitive surgery may be required in the future. In general arthroscopic surgery does not improve knees that have well established Osteoarthritis.

