



## Arthroscopic Knee Surgery

**Please call the office to schedule a surgical date.**

Arthroscopic knee surgery is an outpatient surgery. All patients go home the same day.

If you have any of the below listed conditions, please call the office and inform our staff immediately as this may have an impact on your surgery.

- **Personal or family history of blood clots (deep venous thrombosis/DVT).** It is ESSENTIAL to make us aware as it will be important to consult with your PCP to determine if peri-operative prophylaxis is recommended.
- Chest pain that may occur at rest
- Heart failure
- AICD
- Recent heart attack (within the last 3 months)
- Recent procedure to place a stent(s) in the vessels of your heart (within the last 6 weeks)
- Tight heart valve (aortic stenosis)
- Use oxygen at home
- Central sleep apnea
- Kidney failure requiring dialysis
- Liver failure requiring need for a liver transplant
- Recent neck injury requiring you to wear a collar
- Current pregnancy or recent fetal loss (within 4 weeks)

We will schedule a post-operative appointment approximately 3 weeks after surgery at the same time your surgery is set up. Once this is scheduled, if you need to change it for any reason please call the office.

You must not eat or drink anything, including gum or candy after midnight the night before your surgery as your surgery WILL be cancelled.

Even if you are told by the pre-operative clinic that it is okay for you to eat or drink if you are a later arrival, Dr. Yousif's policy is nothing to eat or drink, as you may be cancelled upon arrival if you do. If you are on high blood pressure medication, you may take this with a sip of water when you get up in the morning. Please do not take any aspirin, anti-inflammatories, or any herbal supplements for 7 days prior.

The only exercises you should do are the quad sets and straight leg lifts. Use your crutches and do not put weight on the operative leg.

### **Knee Arthroscopy**

It is important to understand that you not eat or drink anything before the surgery beginning at midnight the night before. This includes candy, mints, gum, water, coffee, etc. The reason for this is that your stomach needs to be empty for anesthesia. Anything in your stomach or even the stomach juices stimulated by candy and gum can be FATAL if they get into your lungs during your anesthetic. If you have had anything to eat or drink at a time prior to surgery that anesthesia feels is unsafe your surgery will be cancelled.

A knee “scope” is a procedure utilized for both a diagnostic purpose and also therapeutically. The scope is the best diagnostic tool as the surgeon is able to inspect all the structures within the knee joint. From a treatment standpoint, the surgeon is able to perform a variety of procedures. Most commonly, a clean out or debridement is performed. This includes removal of unstable fragments of cartilage that cause a mechanical irritation to the joint. The cartilage in the joint is one of two types. There is meniscal cartilage, the c-shaped pads that act as cushions between the thigh and leg bones. There are two meniscus pads, medial (inner) and lateral (outer). A tear of the meniscus that is symptomatic to the patient typically presents as pain along the joint line, catching, locking, swelling, and at times giving way.

During the arthroscopy the surgeon must determine how best to treat the torn meniscus. The majority of meniscus tears are trimmed out. This means that the unstable piece of cartilage is removed and the remaining meniscal tissue is contoured to try to preserve as much healthy, functioning tissue as possible. If a meniscal tear can be repaired then that is attempted typically with some type of a suturing device. Unfortunately, most meniscal tears do not have an adequate blood supply to support a repair and to heal. The decision whether to repair or remove meniscal tissue is made by the surgeon after assessing the type and location of the tear and the blood supply. It is important to understand that once the meniscus is torn it is no longer functioning whether the torn piece is left in the knee or not. The decision to remove the torn, unstable meniscal fragment is based on the patient’s symptoms and failure to adequately resolve the symptoms with other non-operative treatments, such as physical therapy. This surgical procedure is called either a **partial meniscectomy or a meniscal repair**.

The second type of cartilage in the joint is the lining cartilage on the end of the bones, also known as articular cartilage. Articular cartilage can also be injured and cause similar mechanical knee symptoms. The degeneration of articular cartilage causes it to become thin and sometimes it may begin to “flake” or peel off the end of the bones. These pieces of articular cartilage can cause symptoms in the knee that may require treatment. This condition is also known as osteoarthritis. Typically, attempts are made to treat this condition with medication, activity modification/rest, physical therapy and sometimes different types of injections into the knee joint may be tried. An arthroscopic procedure that addresses this type of cartilage condition is designed to clean out the joint, stabilize the region where the unstable cartilage is located and attempt to slow the continued progression of cartilage deterioration. It is important to understand that the condition of osteoarthritis will not be cured or reversed. The goal is to smooth the cartilage surface and wash out the joint, hopefully providing symptomatic relief or improvement. **This procedure is called a chondroplasty.**

Most knee arthroscopy procedures that treat cartilage injuries take about 20-40 minutes. Your anesthesia is typically a general anesthetic. You will discuss this with the anesthesiologist before surgery. I do not perform this surgery under local anesthesia. At the end of the surgery I will place a long-acting numbing medicine into the knee joint and if indicated may also include cortisone. This usually provides good pain relief for 6-24 hours. Please do not be misled and think it is ok to walk around on your operated knee the first day. If you do, once the numbing medicine has worn off, you will be significantly more sore and swollen and this may significantly lengthen your recovery.

For **Partial Meniscectomy and Chondroplasty** procedures, the instructions after surgery are touchdown weight bearing for balance for a day or two. You should use the crutches/walker until you can walk without limping, typically 2-10 days. If you are able to use just a cane or 1 crutch you should put that under your opposite arm.

If your LEFT knee was operated on, you can drive as soon as you can comfortably get into your car. If your RIGHT knee was operated on, you should **NOT** drive until you are full weight bearing without a limp and off the crutches.

Once you have removed the ace wrap and dressing after postoperative day 2, you can reapply bandages and a compressive dressing as needed. An Ace wrap or neoprene sleeve will provide compression to assist in swelling resolution. If you have quickly regained your full motion, you can begin light exercise such as a stationary bike without resistance.

Your follow up after surgery is usually scheduled for about 3 weeks. Your recovery is a progression as your postoperative symptoms allow and depend somewhat on what activity you are trying to return to. Recovery can take between 4 weeks to 4 months with some patients experiencing some residual symptoms for up to 6-8 months.

For a **Meniscus Repair** procedure, you will usually have a brace over the Ace wrap. You will be able to remove the dressings after 2 days and shower. Your weight bearing will be protected with crutches for 4 weeks. You will need to start formal rehabilitation with a physical therapist within the first week or two. There is a protocol to follow. Meniscal repair surgery requires a 4-6 month recovery period before returning to high demand athletics or work.

**Possible complications after knee arthroscopy include but are not limited to, bleeding, infection, numbness, pain and blood clots. If you have a personal or family history of blood clots (deep venous thrombosis, DVT) it is essential to make us aware as it will be important to consult with your PCP to determine if peri-operative prophylaxis is recommended.**