

Knee Arthroscopy

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Please review the enclosed pamphlet. It goes over your upcoming surgical procedure and what to expect during your recovery.

Our website is an excellent resource. Please refer to our website ctortho.com. It contains additional educational materials including video and animation of knee arthroscopy as well as postoperative exercises and physical therapy protocols.

If you have any questions about the surgical procedure itself please call and speak to Dr. Kimmel or Elizabeth

If you have any questions about scheduling, medication issues, preoperative clearance, disability, time off from work etc please call our Enfield office 860-253-0276 and speak to Dr. Kimmel's medical assistant **Sharon Racine**.

Knee Arthroscopy

Knee arthroscopy is a common procedure where the knee joint is viewed through a camera. Technical advances in the last few years have led to high definition cameras and monitors allowing Dr. Kimmel to very clearly see the inside of the knee. For this procedure, Dr. Kimmel will make two or three small incisions on your knee.

Through these incisions, Dr. Kimmel will evaluate the entire inside of the knee.

Approximately 500,000 knee arthroscopies are performed in this country each year.

Knee arthroscopy can be useful for treating ligament tears, meniscus tears, and damage to the articular cartilage that lines our bones.

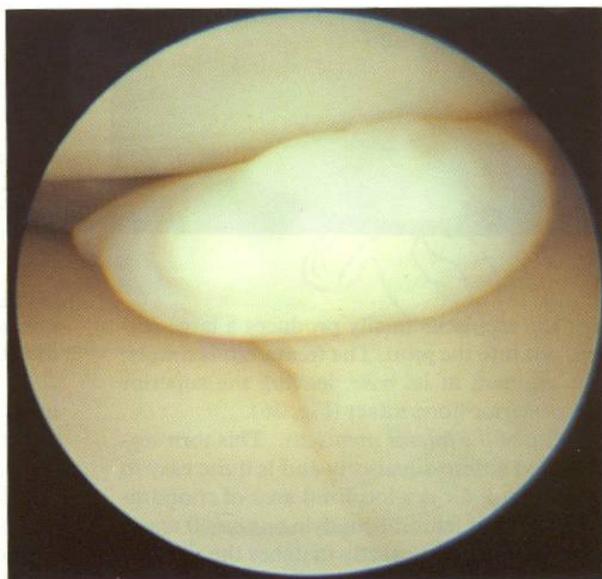


Dr. Kimmel performing knee arthroscopy

Meniscus Tears

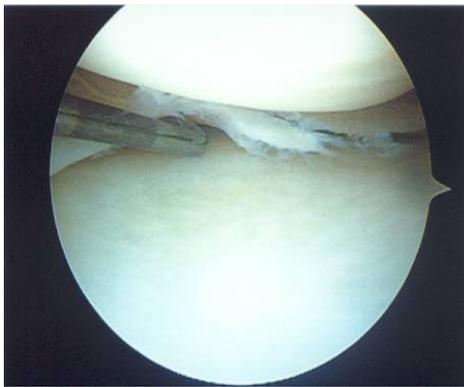
The meniscus functions to distribute your body weight across the knee joint. There are two menisci in your knee one on the outside called the lateral meniscus and one on the inside called the medial meniscus. Occasionally one or both of the menisci can tear. The two most common causes of a meniscus tear are trauma and degeneration over time. Sometimes the tear can be due to a combination of the two.

Patients with meniscus tears complain of knee pain, clicking, catching, swelling and inability to perform activities such as walking or running. On physical examination patients often have pain and tenderness over the meniscus, a swollen joint and pain elicited by flexing and rotating the knee. An MRI scan is used to confirm the diagnosis.

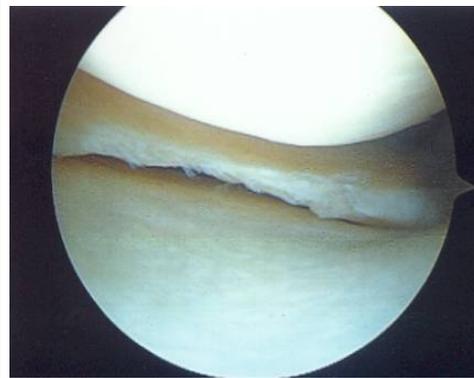


Arthroscopic Treatment of Meniscus tears

When the meniscus is torn, the damaged piece can be either removed (meniscectomy) or repaired. The meniscus tear can only be repaired if it is torn on the outside of the meniscus where it has a good blood supply to enable healing. If the tear is on the inner rim meniscectomy is the preferred treatment. Many times in young patients, the tears are on the outer rim and these should be repaired. In the older age group the tears are usually in the inner portion and cannot be repaired. Dr. Kimmel will only be able to determine this for sure at the time of the surgery.



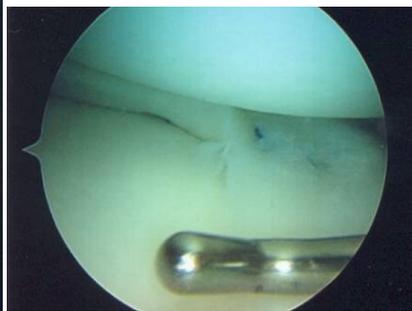
Meniscus Tear



Partial Meniscectomy



Bucket handle Repairable tear



Meniscus Repair

Meniscus Tears and Arthritis

An article was published in the New England Journal of medicine in 2002 entitled “A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the knee” This article concluded that arthroscopy for arthritis of the knee does not work. The American Academy of Orthopedic Surgery of which Dr. Kimmel is a member strongly criticized the study due to the non-specific indications for the surgery.

Clearly arthroscopic surgery does work in some patients with arthritis of the knee but as demonstrated in that study and others, arthroscopy of the knee is not as successful when the knee is arthritic. In patients without arthritic changes in the knee over 90% of the patients report full pain relief and restoration of normal function. In patients with arthritis of the knee that number decreases to anywhere from 50-75 % depending on the study.

This is the reason that Dr. Kimmel and Elizabeth will make sure to obtain plain x-rays of your knee prior to surgery even if you have had an MRI of your knee. X-Rays are the best way to assess arthritis of your knee.

It is crucial that if you have arthritis of your knee you understand that the results in the literature and in Dr. Kimmel’s experience show that your results may be less predictable than those who have normal knee joints by x-ray. Even if you did not have any pain in your knee until recently, the results of arthroscopic surgery are not as good when the knee joint as signs of arthritis.

Complications of Knee Arthroscopy

Knee arthroscopy is a very safe procedure. However even with simple procedures occasionally complications can develop. The following complications are rare but can occur.

1. Excessive Bleeding- Occasionally less than 5% of the time a hematoma or blood collection can develop in the knee. This is more common in longer more complicated procedures. This is treated with rest, ice and occasionally the knee needs to be drained.
2. Infection-This has been reported in the literature but Dr. Kimmel has not had an infection from a simple knee arthroscopy
3. Post operative stiffness- This does occur especially when there is preoperative stiffness. This can usually be treated with intensive physical therapy.
4. Blood clots or Pulmonary embolus-This is the most serious complication. It occurs anywhere from 1-5% depending on the study. Risk factors for blood clots(DVT) include 1. Prior history of DVT 2.Excessive inactivity 3. Obesity 4. Certain medications such as birth control pills. If you have any of these risks Dr. Kimmel may place you on aspirin prophylaxis post operatively. *If you develop any increased leg swelling or redness please notify Dr. Kimmel immediately.* Very rarely a blood clot can go to the lung. This is called a pulmonary embolus. Signs of a pulmonary embolus include shortness of breath, chest pain, palpitations or passing out. *If you develop any of these signs you need to call 911 and go to the emergency room immediately.*

BEFORE SURGERY

Preoperative Testing- If you are over age 50 you are required to see your primary care physician for preoperative medical clearance. Your medical doctor may order blood work, an EKG, a chest x-ray or other tests based on your medical condition. If you are less than 50 yrs of age medical clearance is not required unless you have an underlying medical condition such as diabetes or heart disease that may warrant specific preoperative testing. This is to insure that you are in the best possible condition for your surgery.

Medications to Avoid or Discontinue before surgery

1. Aspirin
2. Ibuprofen
3. Advil
4. Alleve
5. Any Nsaia
6. Plavix-Ask your physician
7. Coumadin-Ask your physician

If you are any supplements please let us know as some need to be discontinued prior to surgery

If you are on chronic medications please discuss with your family physician whether to take them the morning of the surgery

THE DAY OF SURGERY

Arthroscopic surgery is outpatient surgery. You will come to the hospital, have the surgery and go home the same day.

You will be asked to arrive approximately two hours prior to your scheduled time. You are not allowed to eat or drink anything after midnight on the day of your surgery. This is to insure that your stomach is empty when you go to sleep so you do not have any problems with the anesthesia. You will arrive and be admitted to the outpatient area. You will then be taken to the preoperative holding area. A family member can and should stay with you until you actually go in to surgery. In the holding area the nurses will make sure all your paperwork is in order and start an IV to give you fluids and medicine. You will be visited by an anesthesiologist who will go over your medical records and make sure you are in good shape for general anesthesia and surgery.

Next you will be taken to the operating room. Your family member should wait in the family waiting area. Dr. Kimmel will call them after the surgery. If you leave that area please give a cell phone number to the nurses but we have found cell phone signals to be unreliable at times and Dr. Kimmel may not be able to call again until much later if he is scheduled for another surgical procedure that day.

The surgical time will vary depending on the procedure. It can be anywhere from 1-2 hours. If your operation is not the first operation of the day the start time may vary depending on the length of the previous procedure. We do everything we can to minimize delays and to keep you informed, but there are many variables that cannot be controlled so please be patient. Most people would not like their surgery rushed to make up the time.

After the surgery you will be in the recovery room for approximately one hour. The nursing staff will then bring you back to the preoperative holding area where your family member can see you and bring you home. You will be given Dr. Kimmel's postoperative instruction sheet if you do not already have it.

AFTER SURGERY

Postoperative Visits

In our practice we usually see our knee arthroscopy patients approximately one week after the surgery. Dr. Kimmel or Elizabeth will call you the day after the surgery to see how you are feeling and to answer any questions you may have. That is usually a good time to make a postoperative appt with the staff. At that first postoperative visit your sutures will be removed, Dr. Kimmel or Elizabeth will go over the operative findings and discuss your rehabilitation. Further visits will vary according to the procedure and your specific situation.

If at any time post operatively you are having a problem we will of course see you in the office. ***If you are having an emergency then you should go to the Emergency Room. Examples of an emergency would be sudden shortness of breath or chest pain. In these situations call 911 and have the emergency room notify us of your visit***

Pain Medication

Dr. Kimmel or Elizabeth will give you strong pain medications to help alleviate your postoperative pain. After knee arthroscopy many patients do not require narcotics. Many times Tylenol or advil can be used instead as knee arthroscopy usually is not that painful. It is rare with simple knee arthroscopy to require narcotics for longer than one week.

Weight Bearing

You will be provided with crutches either in the office or at the hospital or surgery center. A staff member will go over crutch use with you. In general after knee arthroscopy our patients can be weight bearing as tolerated. It usually is a good idea to use either both or one crutch until you can walk normally. It is then safe to discontinue the crutches. *There are times when Dr. Kimmel does not want you to be weight bearing as tolerated. If this is the case he will discuss this with you and it is then important to follow this instruction.*

Ice Therapy

In most cases you will be provided with special ice packs that are to be used after your surgery. Our office will go over their use with you preoperatively. It is very important to use ice after knee arthroscopy. This is very helpful to decrease the swelling and alleviate pain.

Dressing Changes

When you leave the operating room you will be in a bandage to absorb the drainage from the surgery. You may change this bandage in 24-48 hours and place band-aids over the incisions. Each day after a shower please change the band-aids. If you feel more comfortable in an ace bandage that is acceptable but please make sure it is not too tight.

Showering

You may shower the day after surgery but keep the dressing dry by using a bag over your leg. On the second day after your surgery you may shower normally.

Driving

This will very depending on which leg was operated on. If Dr. Kimmel operated on the leg you do not use for driving you may drive when you are off the narcotics and feel comfortable. (1-3 days) If Dr. Kimmel operated on the leg you use for driving you may drive when you are off narcotics and feel comfortable but usually this takes longer.(5-10 days)