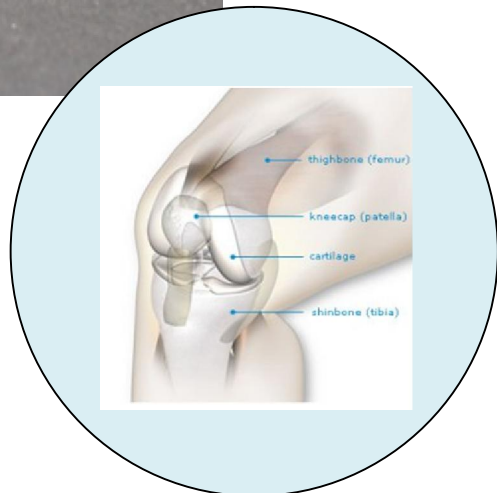


# Arthroscopy of Your Knee

---

## Learn About:

- ✓ How your knee works
- ✓ Knee-related problems
- ✓ Examining your knee
- ✓ Arthroscopic Surgery
- ✓ Preparing for your procedure
- ✓ Beginning your recovery
- ✓ Frequently asked questions
- ✓ Do's and Don't's



## How Your Knee Works

The knee joint is one of your body's most complex joints and the most likely joint to be injured. Considering how often the knee is called upon to perform; however, it is really quite durable.

### The Bones

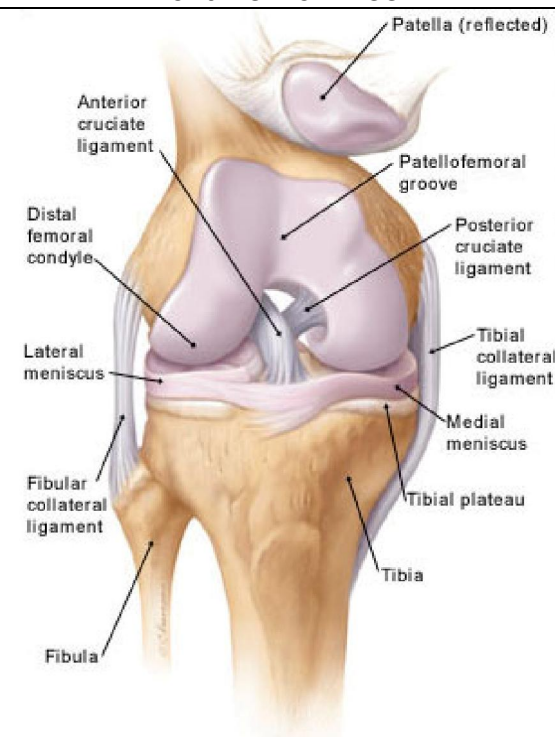
The bones of the knee give strength, stability and flexibility in the knee. The **femur**, commonly called the thigh bone and is the largest bone in your thigh, attaches by ligaments and the knee capsule to your **tibia**, commonly referred to the shinbone. The **fibula** runs parallel to the **tibia**, between the knee and the ankle. The **patella**, commonly referred to as the knee cap, rides on the knee joint and offers protection as the knee bends, straightens and rotates.



Front view of knee

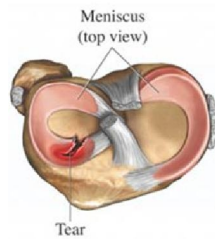
### Supporting Tissue

While the bones around the knee support it and provide the rigid structure of the joint, muscles such as the **quadriceps** at the front of the knee and the **hamstring** at the back of the knee help to move the joint. **Ligaments** are equally vital because they are strong, tough bands that are not particularly flexible and stabilize the joint. The knee joint also includes **meniscal cartilage**, and C-shaped piece of tissue that aids in cushioning the joint and allowing the bones to slide freely on each other. A small fluid sac, known as the bursa, helps to lubricate the sliding movement.



Interior view of knee

## Knee Related Problems



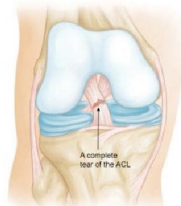
### Meniscal Cartilage Tear

Often caused by sudden twisting or continued squatting, a tear of this nature can produce swelling or pain.



### Articular Cartilage Wear

The result of aging or injury, this condition is characterized by pain, stiffness in the joint or grinding.



### Ligament Tear

Usually brought on by falling, twistint or banging the knee against another object, this injury can cause pain, swelling and total knee instability.

### Worn or Off-Center Patella

The rigors of age, overuse or a direct blow can create this problem, with symptoms that include pain and restricted joint movement

## Examining Your Knee

A sore knee can be a relatively minor, temporary problem or it can indicate a more serious injury. If the pain is acute or continuous, a physician should be consulted.

Your physician will ask for a complete history of the affected area. This is followed by a physical examination to determine the location of the pain, the degree of swelling and any functional limitations. X-rays will be taken to learn more about the condition of the bones and joints.

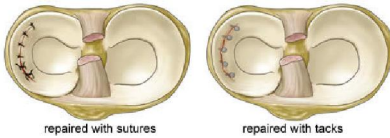
Occasionally, additional diagnostic tests may be ordered. If soft tissue damage is suspected, your physician may order additional diagnostic testing which may include a magnetic resonance imaging (MRI) exam that provides computerized images of the tissue, which traditional x-rays cannot record. Blood or urine studies also may be required by your physician.



M.R.I. Image

## Arthroscopic Surgery

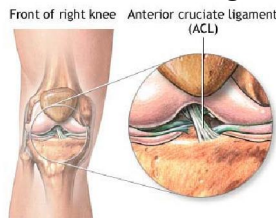
### Meniscus Surgery



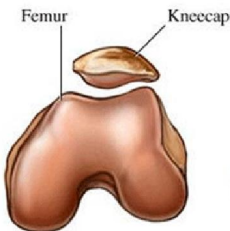
### Articular Cartilage



### Anterior Cruciate Ligament



### Patella Treatment



Meniscus repair involves either removing the damaged tissue or repairing it by trimming and suturing, depending upon where the damage is located.

Articular cartilage is often repaired by shaving or removing loose debris. If worn cartilage has exposed the bone underneath, drilling or burring the bone can stimulate cartilage growth.

In the case of a torn ACL or other knee ligament, this procedure usually involves harvesting a portion of the patellar tendon to replace the damaged tissue.

Patella treatment will depend upon whether the patella has been damaged by general wear or by a structural problem. Arthroscopic procedures include shaving the cartilage surface underneath the kneecap or clipping bands of tissue for realignment purposes.

### Understanding the procedure

Arthroscopy is a common surgical procedure in which a joint (arthro-) is viewed (-scopy) using a small camera. Arthroscopy gives doctors a clear view of the inside of the knee. This helps them diagnose and treat knee problems. Arthroscopy is done through small incisions. During the procedure, your orthopedic surgeon inserts the arthroscope (a small camera instrument about the size of a pencil) into your knee joint. The arthroscope sends the image to a television monitor. On the monitor, your surgeon can see the structures of the knee in great detail. Usually offered as an outpatient procedure, arthroscopy causes fewer traumas than traditional, more invasive surgeries to the knee muscles, ligaments and tissues.

### Preparing for the Procedure

Your hospital or surgery center will contact you with specific details about your appointment. You will likely be asked to arrive at the hospital an hour or two before your surgery. Do not eat or drink anything after midnight the night before your surgery.

Before surgery begins, you will receive either a general anesthetic that will put you to sleep or a local anesthetic that will numb your knee. The anesthesiologist will help you decide which method would be best for you.

### ***Beginning Your Recovery***

Recovery from knee arthroscopy is much faster than recovery from traditional open knee surgery. Still, it is important to follow your orthopedic surgeon's instructions carefully after you return home.

### ***Hospital Post-Op***

Following your arthroscopic procedure, your knee will be bandaged, elevated and most likely iced down to minimize swelling. You may be given pain medication at the hospital, as well as a prescription to help alleviate any later discomfort. The nurse who has been monitoring your blood pressure and pulse will then arrange for your release once you are clear-headed and alert. Before surgery, arrange to have a friend or member of your family drive you home after you leave the hospital. Comfortable, loose-fitting clothes are recommended during the early days of recovery.

### ***Home Care***

Most patients need crutches or other assistance after arthroscopic surgery. Your surgeon will tell you when it is safe to put weight on your foot and leg. If you have any questions about bearing weight, call your surgeon. Keep your leg elevated as much as possible for the first few days after surgery. Apply ice as recommended by your doctor to relieve swelling and pain.

Once you are able to stand comfortably for 10-minutes or more, you may shower as long as you keep your bandage dry. This can be done by covering your leg with plastic and sealing the plastic with a soft rubber band.

### ***Exercise and Therapy***

Therapeutic exercise will play an important role in how well you recover. Begin a strengthening and range of motion exercise program as instructed by your surgeon or physical therapist. Your physician will prescribe things such as no deep knee bending, straight leg raises, strengthening exercises and limited walking. Physical therapy can greatly help your healing progress.



Potential postoperative problems with knee arthroscopy include:

- Infection
- Blood clots
- Accumulation of blood in the knee



## Frequently Asked Questions

### ***Will my knee recover completely?***

A knee arthroscopy can be used to treat a variety of knee conditions but your recovery will depend on the amount of damage to your knee. You may have injured your knee in such a way that prevents it from recovering completely.

### ***What are the risks with arthroscopic surgery?***

Though there are fewer risks in arthroscopy than with other types of surgery, some possibilities include:

- Bleeding into the knee joint
- Damage to the cartilage, meniscus, or ligaments in the knee
- Knee stiffness
- Recurring knee problems

### ***How long will I be in the hospital?***

Most arthroscopic procedures are performed on an outpatient basis. Once the procedure has been completed, you will be moved to the recovery room and should be able to go home within 1 or 2 hours. Be sure to have someone with you to drive you home.

### ***When can I go back to work?***

If your job involves heavy work, it may be longer before you can return to your job. Discuss when you can safely return to work with your doctor.

### ***When can I begin my normal sports activities?***

You should be able to return to most physical activities after 6 to 8 weeks, or sometimes much sooner. Higher impact activities may need to be avoided for a longer time. You will need to talk with your doctor before returning to intense physical activities.

## Pointers

When recuperating from knee surgery, you should remember these simple pointers.

DON'T	DO
<ul style="list-style-type: none"><li>✓ Attempt vigorous exercises not included in your exercise program</li><li>✓ Resume driving until cleared by your physician</li><li>✓ Get your bandage wet</li><li>✓ Dangle your leg when reclining</li><li>✓ Stand for prolonged periods of time</li></ul>	<ul style="list-style-type: none"><li>✓ Elevate your knee above heart level frequently</li><li>✓ Ice your knee periodically</li><li>✓ Use crutches, if necessary</li><li>✓ Follow your recovery program</li><li>✓ Resume normal activities of daily living as prudently possible</li></ul>