

Knee Arthroscopy

Palmetto Health Orthopedics

Sports Medicine Center

Mickey Plymale, M.D. Dean Levesque, PA-C

Phone # 803-296-9340 Fax# 803-296-9733

Arthroscopy of the knee is an extremely effective and time-proven technique for evaluation and treatment of many knee disorders. By using a camera and special instrumentation, surgeons may perform and completely evaluate and treat injury to cartilages, ligaments, and synovial lining of the knee through two or three one centimeter incisions. Knee arthroscopy is outpatient surgery usually requiring a general or regional (spinal) anesthetic. A wide variety of knee disorders may be treated arthroscopically, including injuries to the meniscus, anterior and posterior cruciate ligaments, articular cartilage, and knee cap (patella). We hope that following information will help you prepare for your surgery, give you an idea of what to expect after surgery, and make your surgical experience as pleasant and easy as possible.

Pre-operative Instructions:

- Do not eat or drink anything after midnight the night before your surgery.
- Please discontinue aspirin and anti-inflammatory medicines such as Motrin, Aleve, Advil, and Ibuprofen 10 days before your surgery if possible to minimize bleeding unless Dr. Plymale has put you on one of these medications.
- You may take anti-inflammatory medicines such as Celebrex or Mobic prior to surgery because these medicines do not affect your bleeding time or clotting capability.
- If you take a diet medication that contains phentermine (Adipex) you must discontinue use of it 3 weeks prior to surgery.
- Please discontinue the use of any herbal supplements two weeks before your surgery to minimize anesthetic risks. Some herbs are biologically very important. The following specific herbs should definitely be discontinued prior to surgery: valerian, echinacea, ephedra, ginkgo, kava, garlic, ginseng, and St. John's wort.
- **Anesthesia:** The type of anesthesia used is between you and the anesthesiologist. Local anesthesia alone is not recommended for most patients undergoing knee arthroscopy due to inadequate pain control during the procedure.
- If you are over the age of 55 or have any significant medical problems such as hypertension, diabetes, or heart disease, please contact your primary care physician to discuss what your risks may be of sustaining a medical complication during or after surgery. We will be happy to refer you for a pre-operative medical consultation when necessary as well.
- Make certain that you arrange for someone to drive you home the day of surgery and stay with you the night of surgery.

Surgery:

- Surgery is done very effectively as an outpatient.
- Surgical time is usually between 20 minutes to one hour after induction of anesthesia, positioning, and sterilely preparing the operative knee.
- Time in the recovery room immediately after surgery is usually between one and two hours.
- For most patients, only a soft dressing will be required around the knee postoperatively. However, occasionally a knee immobilizer may be necessary depending upon the surgical procedure. If a immobilizer is necessary, it will be provided to you on the day of surgery. During your surgical procedure you will be placed in compression type lower extremity stockings to help reduce any possibility of post operative blood clotting. Your insurance company will be billed for the brace and compression stockings however many insurance companies do not cover these charges.
- **Partial meniscectomy versus meniscus repair:** Arthroscopy of the knee is performed quite frequently for tears of the meniscus cartilages. These tears may become entrapped between the shin bone (tibia) and thigh bone (femur) during activities of daily living or athletics, causing pain. The meniscus is an important structure of the knee and functions to protect your knee from arthritis by acting as a "shock absorber" for the joint. These tears are readily identifiable on MRI scans pre-operatively and confirmed during arthroscopic surgery. Sometimes the tear configuration and location will allow for a repair of the meniscus using dissolvable darts or sutures. If a repair is

performed, an additional incision may be necessary on the side of your knee. Healing rates for meniscus repair range between 70 and 95%. Therefore, most but not all repairs of the meniscus will heal. If the repair does not heal appropriately, an additional arthroscopic surgery may be necessary in the future to treat persistent meniscal symptoms (pain, catching, knee locking, and swelling). Despite the fact that the meniscus does not always heal, it is still recommended to undergo meniscus repair when possible to prevent future knee arthritis. If the meniscus cannot be repaired, removal of the torn portion is indicated to prevent pain, locking, and swelling. Only the torn portion of the meniscus is removed and the remainder is left intact to minimize arthritis symptoms in the future.

- **Treatment of articular cartilage injury:** The articular cartilage is the cartilage that lines the inner surfaces of the knee joint. This cartilage is what is damaged in arthritis. Arthroscopic treatment for patients with severe, diffuse arthritis is of limited benefit. However, in patients who have smaller, focal areas of damage to articular cartilage, arthroscopic treatment has been shown to be beneficial for both healing of the cartilage and pain relief. These smaller damaged areas may be treated with debridement of any loose flaps to minimize catching and swelling. Some lesions may be treated with drilling or abrasion (Microfracture) of the bone underlying the cartilage lesion to promote healing. Other cases may need to have cartilage harvested from other areas of the knee (mosaicplasty) and implanted into the damaged area. In some patients, cartilage transplantation may be necessary. In cartilage transplantation, cartilage cells are harvested during the first arthroscopy of the knee, grown in a laboratory for several weeks to months, and then re-implanted back into the knee during a separate, open surgical procedure. Which particular procedure is right for you depends upon your age, associated injuries to the knee, and recommendations of your surgeon.
- **Arthroscopy for other reasons:** Arthroscopy is also useful for removing loose bodies, performing biopsies of synovial lining of the knee for diagnostic purposes, reconstruction of torn ligaments, and treating kneecap pain or instability.

Post-operative Instructions:

- Pain is very manageable with narcotic pain medications for the first few days. Narcotic pain medications may be necessary for up to 2 weeks for the average person. You may also take anti-inflammatory medicines (Aleve, Advil, Ibuprofen, etc.) with the narcotic medicines after surgery. **Refill requests for pain medication called in after 3:00 pm may not be responded to until the next business day. Be aware that use of narcotic pain medication may cause constipation. You may use over the counter stool softeners or laxative as needed. Drinking large amounts of fluids will help with this as well.**
- Post-op medications: Aspirin 325mg-take 1 tablet daily for 3 weeks to help with preventing any blood clots. Also promethazine (phenergan) 25mg-take as needed for increased nausea/vomiting. We will send these electronically to the pharmacy on file the day of your procedure. Before you leave the hospital, the nurses will hand you a prescription for narcotics, which is to be used for pain control. We cannot send these electronically as they are controlled medications. Please pick up the other medications at your pharmacy while filing these.
- Icing: Postoperatively, an ice bag placed on top of the knee is recommended to reduce swelling, decrease pain, and decrease inflammation. After the first 48 hours, it is no longer necessary to use this continuously but only as needed for pain and swelling. **When elevating the leg to ice, put the pillow under your foot. The ankle should be higher than the knee, and the knee higher than the hip.**
- Swelling is normal for the first three to four weeks after surgery and may persist for up to three months.
- Driving time: If the surgery is performed on your left leg, you may expect to drive one week after your surgery if you are off all narcotic medications. If the surgery is on your right leg, you may not be able to drive for 2-3 weeks depending upon the individual. Driving with automatic transmission (as compared to manual transmission) is recommended.
- Showering: You may change the dressing and shower 48 hours after your surgery. Place band-aids over your incisions. You may bathe before 48 hours after surgery but please keep the bandages on your knee dry (use a plastic bag or plastic wrap).
- Crutches: Crutches may be necessary for up to 3 to 4 days after your surgery in most cases. For a meniscus repair, crutches and a brace may be necessary for up to 6 weeks. We will have crutches available at the time of your surgery however your insurance may or may not cover this item. If you have crutches already we encourage you to bring them to avoid an additional fee.

- Physical therapy: P.T. visits will be needed twice a week for up to 4 to 8 weeks depending upon the individual and the procedure performed. We will schedule your therapy visits within the first week after surgery.
- When will my knee have full range of motion? The amount of time varies depending upon the individual. Most people have full range of motion by three to four weeks after surgery. **Obtaining full extension as soon as possible after surgery is very important and will help make you feel better.**
- Healing time: Your sutures are usually removed within two weeks after surgery if removable sutures are used. Meniscus repairs usually require up to 6 months healing fully.
- Return to work: For a sedentary, desk type of job, one can generally expect to return to work in one week. Reduced hours may be necessary initially. For a moderately strenuous job (prolonged standing or walking but no squatting, climbing, or heavy lifting), one can expect to return around three to four weeks after surgery. For a strenuous job with no light duty available, return to work time can be up to two to three months.
- Out of Work Forms: Please provide our office with any forms from work that need to be addressed. The time required to complete these forms is reduced if you answer the non-medical questions (name, address, employer information, date of injury, etc.) prior to turning them over to us. We ask that you allow our staff 7 days to complete these forms.
- Surgical complications: Most patients hopefully will experience no complications and enjoy a rewarding return to regular activities. However, like most surgical procedures, knee arthroscopy does have post-operative complications. Most complications are minor and include kneeling discomfort, areas of skin numbness around the knee, minor loss of knee motion, persistent swelling, or occasional pain in the knee. More severe and less frequent complications include infection, medical complications from anesthesia, blood clots, severe loss of motion necessitating additional surgery, residual pain, progression of arthritis, or nerve injury. **In the event that you have a post-operative complication and feel that you need to go to emergency room or instructed to go by the on-call physician (After 5:00 pm call 803-296-9200).**

We hope that your experience with the Palmetto Health Orthopedic is as pleasant as possible. Dr. Plymale is Board-certified by the American Board of Orthopaedic Surgery and Fellowship-Trained in Sports Medicine and the arthroscopic treatment of knee, shoulder, elbow, and hip disorders. It is his ambition to return you to activities that you enjoy in the most minimally invasive manner possible utilizing both non-surgical and surgical methods.

We will be contacting you closer to the time of surgery to discuss benefits. Palmetto Health Orthopedics will collect the physician portion prior to surgery. You will receive bills afterwards for any facility fees or anesthesia; they are separate from the physician fee. Please understand we will try our best to make these estimates as close to the correct amount as possible, but they are estimates and it could change if the procedure changes.

If you have any questions or concerns please contact our care team at 296-9340.