



Department of Orthopaedics

Arthroscopic Knee Surgery

The first step when making the decision about knee surgery is to meet with your surgeon to see if you are a candidate for arthroscopic knee surgery. Your surgeon will take your medical history, perform a physical examination, and X-ray your knee. Even if the pain is significant, **the first line of treatment is nearly always non-operative**. This includes weight loss if appropriate, an exercise regimen, medication, injections, or bracing. If the symptoms persist despite these measures, then you could consider arthroscopic knee surgery.

The decision to move forward with surgery is not always straight forward and usually involves a thoughtful conversation with yourself, your loved ones, and ultimately your surgeon. **The final decision rests on you** based on the pain and disability influencing your quality of life and daily activities. Those who decide to proceed with surgery commonly report that their symptoms keep them from participating in activities that are important to them like walking, taking stairs, working, sleeping, etc.), and that non-operative treatments have failed.

These are some of the frequently asked questions regarding arthroscopic knee surgery:

Will I need general anesthesia?

While general anesthesia is a safe option, arthroscopic knee can be performed under regional anesthesia. Choices for regional anesthesia include spinal anesthesia, epidural anesthesia, or one of a variety of peripheral nerve blocks. Many surgeons and anesthesiologists prefer regional anesthesia because data shows it can reduce complications and improve your recovery experience with less pain, less nausea, less narcotic medicine required, etc

How big will my scar be?

The size of each of the two or three arthroscopic incisions is typically one half of an inch or less.

How long will I stay in the hospital?

You will likely be in the out-patient surgery unit for a **total of 3-4 hours**

How often should I apply cold packs to my knee?

You will be given a CRYO-CUFF cold therapy pack in the recovery room and you will need to use at least 4 times a day for 30 minutes during the first week or so after surgery. Cold therapy is an important part of your post-operative pain management plan and will help with your recovery if you faithfully apply it after each of your out-patient physical therapy appointments and the three times a day home therapy sessions.

When can I shower?

You will have waterproof dressings that allow for showering on the morning of the third day after surgery. No bathing or hot-tub soaking for 2 weeks to allow the incisions to fully heal.

Is arthroscopic knee surgery very painful?

Pain following arthroscopic surgery is usually well controlled with cold therapy using the CRYO-CUFF device you will be giving at the hospital and shown how to apply before you are discharged. Early range of motion and rapid rehabilitation protocols are also designed to reduce early stiffness and pain. Everyone is unique and handles and perceives pain differently.

How long does it take to recover?

It can take up to 2-3 weeks for you to return to most activities, and likely 4 -6 weeks to fully recover to maximal strength and endurance. This depends on your condition before surgery, additional medical problems, and your expectations.

Will I need physical therapy, and if so, for how long?

Most people who have undergone arthroscopic knee surgery benefit from a short course of outpatient physical therapy following surgery. A skilled therapist can accelerate the rehabilitation as well as make the process more efficient with the use of dedicated machines and therapeutic modalities. Depending on your condition before surgery, physical therapy is beneficial for up to 4-6

weeks and rarely longer. The amount of therapy needed depends upon your condition before surgery, motivation, and general health.

When can I drive?

Most surgeons allow patients to drive at **1 to 2 weeks after surgery**, and sometimes sooner if the operative leg is the left leg. There is some literature that states that your reaction time will not be back to normal prior to 6 weeks. **You should not drive while on narcotics.**

When can I return to work?

Returning to work is highly dependent on your general health, activity level and demands of your job. If you have a sedentary job, such as computer work, you can expect to return to work by 1 week. If you have a more demanding job that requires lifting, walking, or travel, you may need up to 4 – 6 weeks for full recovery.

What restrictions will I have after surgery?

Restrictions following arthroscopic knee surgery are generally few and should be discussed with your surgeon. Following surgery, you will have some difficulty **kneeling** on the operative knee, which you will become less aware of with time, but will always have a general perception that the knee is artificial and doesn't really feel like a normal knee. Most patients are able to return to **usual activities and work** but may have some difficulty performing **heavy labor such as construction or farming**. Most sporting activities are fine with the exception of **running or jumping**. Traveling should not be affected by arthroscopic knee surgery after the first 4 weeks. Most surgeons advise against prolonged seated travel or flying due to increased risk of blood clot in the first 4 weeks.

New technology?

There are many studies attempting to evaluate these emerging technologies and their influence on the success of surgeries. Each of these technologies has a specific goal that has fueled its development. To date, there appears to be both pros and cons to each of these technologies, but more research is required to determine what advantage, if any, these may offer. **The best approach is to discuss this topic with your surgeon.** You may want to know if they use one of these technologies, why they have chosen to do so, and what their experience has been in using it.

Are there complications to arthroscopic knee surgery?

- Although complications are relatively rare (1-2% of patients), patients may experience a complication in the postoperative period. These include very serious and possibly life threatening complications such as heart attack, stroke, pulmonary embolism and kidney failure.
- Stiffness or loss of motion can also occur.
- Infection (0.1%) is one of the most debilitating complications and often requires prolonged antibiotics with several additional surgeries to rid the infection.
- A blood clot in the leg is also a relatively common complication requiring some type of blood thinner following surgery to reduce the incidence.
- Very rarely, an instrument or fixation device will fail requiring additional surgical exploration.
- The knee joint can also fail over time due to your original injury or subsequent deterioration of the joint function, but this generally occurs many years after surgery.

High quality websites for more information:

OrthoInfo.org

AAHKS.org

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