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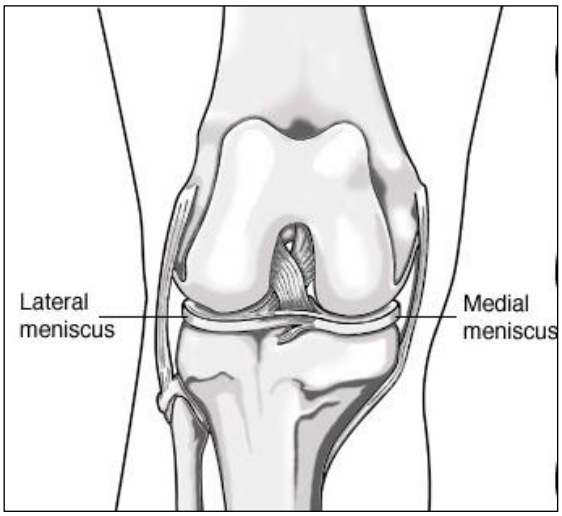
Patient Information Sheet: Knee Arthroscopy - Menisectomy

This is a general information packet for patients undergoing knee Arthroscopy

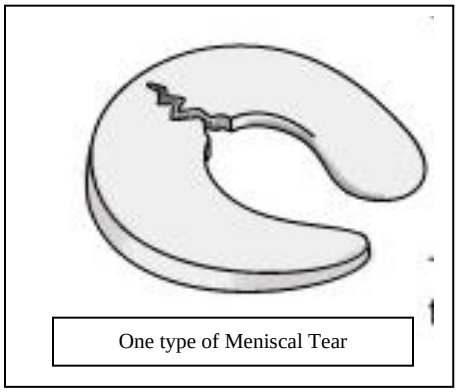
Arthroscopic surgery involves using a video camera and small instruments through small incisions to see the anatomy of the knee joint. The video camera allows us to visually inspect the knee joint and evaluate the knee ligaments, meniscus and articular cartilage. With instruments as small as dental utensils we can treat specific knee problems such as meniscal tears or cartilage injuries. The most common disorder treated with arthroscopy are meniscal tears. The meniscus is a C shaped piece of cartilage that can be found sandwiched between the thigh bone (Femur) and the shin bone (Tibia). This cartilage may be found in the outside (lateral) and the inside (medial) of the knee joint. The most basic purpose of the meniscus is to act as a shock absorber for the knee joint.



Meniscal Injury:

The meniscus can be injured both acutely and chronically. Acute injury to the meniscus most often occurs during sports or activities that stress the knee joint such as twisting and rotation movements. Often patients will feel pain immediately after the initial event and the knee will swell within the next 24 hours. Chronic or degenerative tears may not have a clear defined origin. The patient may have swelling and pain during or after activity. The most frequent symptoms of a meniscal tear are pain, swelling, giving way and locking

Your orthopedic surgeon will evaluate your leg for a meniscal tear. An MRI can further demonstrate the torn meniscus and reveal other associated injuries. Once a symptomatic tear is confirmed, arthroscopic surgery will be discussed.


One type of Meniscal Tear

Your surgeon may recommend a partial menisectomy [men-esec-tomy]. During this arthroscopic procedure, the torn portion of the meniscus is removed. While removing the torn portion of the meniscus, we try to preserve as much of the meniscus as possible in order to maintain the cushioning effect provided by this cartilage.

Most patients experience full relief from removing the torn cartilage; however the articular cartilage often dictates the recovery. If there are significant degenerative findings at the time of surgery recovery may be delayed and 100% recovery may not be possible. In special circumstances the meniscus can be repaired. This depends on the patients age and tear location. As with any surgical procedure, there are risks to knee arthroscopy. Although extremely rare these risks include but are not limited to infection and blood clot formation.

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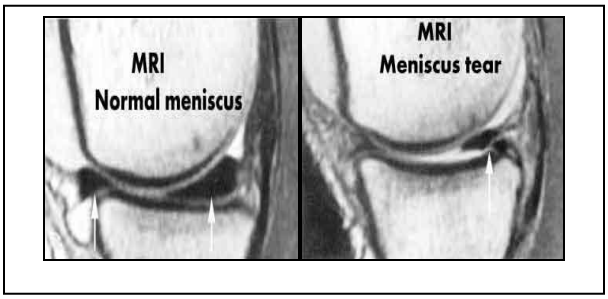
Pre-Surgery:



Before surgery, patients are instructed to continue to be as active as the knee permits excluding participation in sports. The following are specific instructions leading up to arthroscopic knee surgery.

- Anti-inflammatories such as ibuprofen or aspirin must be stopped 5 days prior to surgery. Utilize ice and elevation to control pain and swelling during this period
- On the night before surgery, do not eat after midnight (no chewing gum or lozenges)
- On the morning of surgery you may take your daily pills with a sip of water
- Your surgery time will be confirmed the day before the surgery by either the surgery center or hospital. The original time may be adjusted based on patient needs and equipment availability
- Patients should bring their MRI and X-rays to the surgery
- If your surgery is done at our Waltham facility, the person who is accompanying you is welcome to a free one-day gym pass

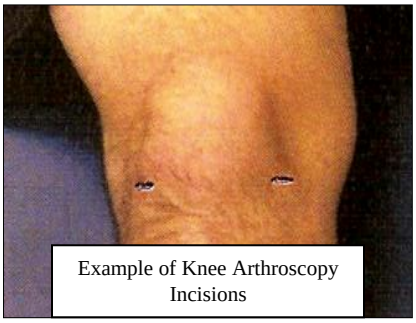
Surgery:

The length of the procedure is approximately 20-45 minutes. This may be longer depending on whether there are other associated injuries. Your nurse will bring you into the pre-op area were you will have an IV placed and met with your anesthesiologist. General anesthesia is utilized to assure a comfortable surgery. Most patients will have a small tube placed in there windpipe, formal intubation may not be required. This means that you will be "asleep" and completely unaware of the surgery until you wake up in the recovery area.

Post-Surgery:

After the surgery is completed, you will awaken in the operating room and be moved to the recovery area. After surgery, most patients generally recover smoothly and have minimal pain due to local pain medication that is used at the completion of the surgery.

- A pain medication prescription will be provided prior to discharge. You may take the prescribed medication as directed. You should expect to experience minimal to moderate knee discomfort for several days and even weeks following the surgery. Patients often only need prescription narcotics for a few days following the surgery and then switch to over-the-counter medications such as Tylenol or Ibuprofen.
- Ice bags and elevation should be utilized to decrease swelling and pain. Ice should be applied to the shoulder up to three times a day for 20 minutes until swelling subsides
- You should be comfortable walking independently with crutches before leaving the hospital or surgery center. You will be able to put as much weight as tolerated on your leg.
- If the bandage is draining, reinforce it with additional dressings



Example of Knee Arthroscopy Incisions

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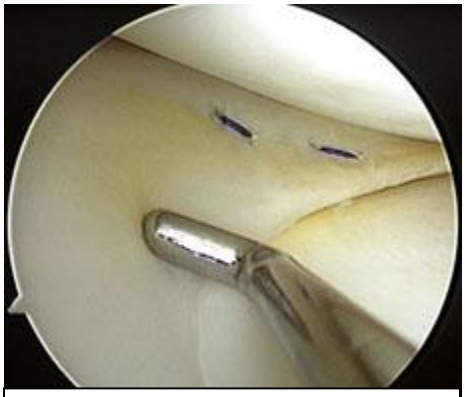
for the first 48 hours. After 48 hours, remove the bandage and place band aids over the incision sites. Showering is acceptable at this time. Do not submerge or scrub the knee.

- Rehabilitation starts the day of surgery. See exercises at end of packet Set aside 3-4 times a day for range of motion and exercise strengthening program. **Make an appointment to start physical therapy during post-operative week**.
- Take one 325 mg (full strength) aspirin daily for 14 days (unless otherwise instructed) to prevent blood clots.
- Follow up with Dr. McKeon or Jason Rand PA-C within 2 weeks from the date of surgery for suture removal
- Eat a regular diet as tolerated and please drink plenty of fluids.
- for suture removal
- You may drive once you establish control of you operative extremity. If your right knee was operated on, this may take approximately 3-5 days to achieve
- Call office for Temperture >102 degrees, excessive swelling, pain or redness around incisions.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).

Meniscal Repair:

If your meniscus was repaired during the surgery, your rehabilitation will be slightly altered.:

1) Maintain only 10% of your normal weight through you leg and utilize crutches for 6 weeks.
2) Brace instructions: Brace must be locked in extension until quadriceps control is good. Once this is achieved, you may unlock the brace with ambulation. For 4 weeks post-op, wear the brace unlocked when out of the house.



Arthroscopic view of a Meniscal Repair

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Post-op Rehabilitation Protocol – Partial Menesectomy

Phase 1 (Week 0-1):

Goals: Minimize effusion, Full range of motion, Initiate isotonic CKC exercises, Normalize gait pattern/balance and propriception abilities.

Treatment plan:

1) Swelling Control with ice and compression wrap
2) Progress towards full range of motion
3) Initiate quadriceps and hamstring muscle activation and general leg control
    - Quad setting, SLR, heel slides, isometric hamstring/quadriceps contraction
    - Ankle pumps
4) WBAT with crutches
5) Electrical stimulation to quadriceps muscle

Phase 2 (Weeks 1-3):

Goals: Progress quadriceps/hamstring strengthening, independent mobility

Treatment plan:

1) Independent ambulation
2) Continue with swelling control
3) Progress strengthening
4) Balance and Proprioception: Single leg stance/weight shifting

Phase 3 (Weeks 3-5):

Goals: Full lower extremity strengthening/conditioning program, Full activity in gym

Treatment plan:

1) Progress CKC strengthening – lunges/ reverse lunges/ single leg squats
2) Full ROM – Full revolution on bike
3) Progress dynamic balance training
4) Sports specific strengthening and conditioning

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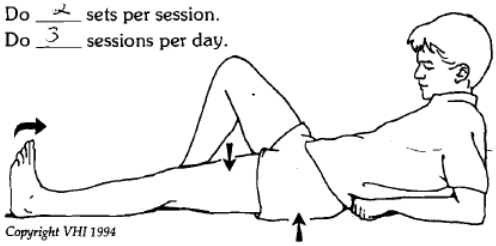
Post-op exercise program until formal physical therapy is started:

HIP / KNEE - 64
Antiemboli Isometric

Extending toes toward knee, tense the muscles of the front of the thigh and simultaneously squeeze buttocks. Keep leg and buttock flat to the floor. Hold _____ seconds.

Repeat 10 times per set.
Do 2 sets per session.
Do 3 sessions per day.



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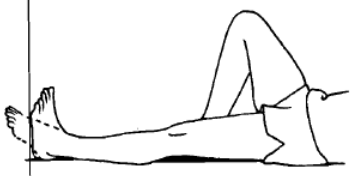
ANKLE/FOOT - 18 Range of Motion:
Plantar/Dorsiflexion



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.
Repeat 10 repetitions/set. Do 2 sets/session.
Do 5 sessions/day.

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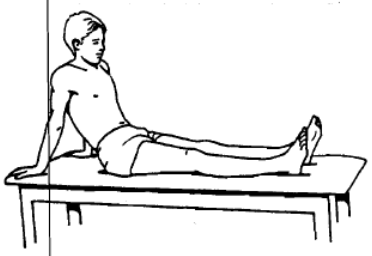

Tighten muscles on top of thigh by pushing knees down into floor or table.
Hold 5 seconds. Repeat 10 times.
Do 3 sessions per day.

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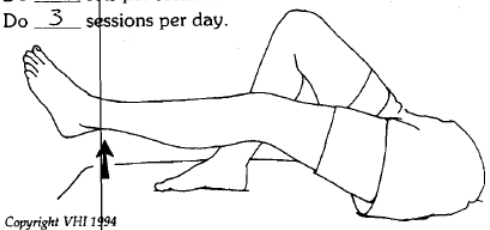
Straight Leg with Bent Knee

Lie on back with opposite leg bent. Keep involved knee slightly bent at knee and raise leg 4-6". Hold ____ seconds.

Repeat 10 times per set.
Do 2 sets per session.
Do 3 sessions per day.



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