



Lucas Wymore, MD
Sports Medicine
40700 California Oaks Drive Suite 205
Murrieta CA 92562

Office Phone: 949-491-9991
Office Fax: 949-612-9795
Email: Wymore@newportcare.org

PATIENT GUIDE TO KNEE ARTHROSCOPY

What is arthroscopy?

The arthroscope is a fiber optic instrument (narrower than a pen) which is put into the knee joint through small incisions. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows me to fully evaluate the entire knee joint, including the kneecap (patella), the cartilage surfaces, the meniscus, the ligaments (ACL & PCL), and the joint lining. Small instruments ranging from 3-5 millimeters in size are inserted through additional incisions so that I can feel the joint structures for any damage, diagnose the injury, and then repair, reconstruct, or remove the damaged tissue.

Before the development of arthroscopy, large incisions had to be made over the knee joint to treat or diagnose injuries. Today's arthroscopic techniques allow more complete evaluations of the knee joint while accelerating the rehabilitation process.

What kinds of procedures can be performed with the arthroscope?

Arthroscopy allows the surgeon to view the inside of the knee joint and perform a variety of surgeries. These surgeries include:

- Complete evaluation of the joint (diagnostic arthroscopy)
- Removal of damaged or torn cartilage (partial meniscectomy)
- Repair of torn cartilage (meniscus repair)
- Smoothing of damage to the cartilage surface in arthritis (chondroplasty)
- Assist in replacement of damaged ligaments (ACL or PCL reconstruction)
- Realignment of patella in patellar mal-tracking (lateral release)
- Removal of joint lining (synovectomy)
- Replacement of articular cartilage (cartilage transplant)

What are some of the possible complications of surgery?

While complications are not common, all surgery has associated risk. Possible complications include stiffness of the knee after surgery or continued pain. The use of arthroscopic techniques attempts to limit these complications. Other complications include an infection, bleeding, nerve damage, blood clots, or problems with the anesthesia.

What kind of anesthesia is used?

Knee arthroscopy can be performed with general anesthesia (going to sleep or local anesthesia with sedation). The type of anesthesia will depend on your choice, as well as the type of procedure you are having.

What do I need to do to prepare for surgery?

Our staff will help to set up the surgery through your insurance company and will instruct you on any paperwork that may be necessary.

Prior to your surgery, you may be asked to get several medical tests, done on an outpatient basis. Most patients need some minor blood tests. If you are over age 45, you may require an EKG. Some patients need to see an internist or their family doctor to obtain clearance for surgery.

The night before the surgery, a member of our staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight the night before your surgery.

Can I continue to take my medications?

You should STOP taking any aspirin or anti-inflammatory medication (Motrin, Advil, Relafen, Naprosyn, etc.) at least seven days prior to your surgery. However, you may CONTINUE to take Celebrex or Vioxx if you are on these medications. You may also take Tylenol as needed.

Continue to take any other prescribed medications, such as blood pressure pills, up until the day of surgery. You may also take these medications the morning of surgery with a sip of water.

How long will I be in the hospital?

Almost all patients are able to have surgery and go home the same day. Occasionally, patients will be admitted for an overnight stay.

What happens the day of surgery?

The day before surgery you will be told what time to report to the hospital. You will be admitted and taken to a pre-operative holding area where you are prepared for surgery.

You will be asked several times which extremity I am operating on. Please note that you are asked this question many times on purpose.

After the operation, you will be taken to the recovery room to be monitored. Once the effects of anesthesia have worn off and your pain is under good control, you will be taken to another area where you can see your family and finish recovering. You will be given all of your post-operative instructions and pain medication before leaving.

Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from anesthesia takes the majority of the day. I would

recommend that you and your family members bring along some reading material to make the process easier for all.

How should I care for my knee after surgery?

Prior to your discharge, you will be given specific instructions on how to care for your knee. In general, you can expect the following:

Diet: Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food.

Medication: You will be given a prescription for pain medication.

Bandage: You will have a thick dressing on the knee. You will be instructed on when it can be removed, usually in 3 days. After your dressing is removed, you should cover your sutures with a Band-Aid to protect the area from irritation.

Showering: You may shower after your dressing is removed, after 2 – 3 days. You cannot take a bath until the wounds are completely sealed, usually 2 – 3 weeks after surgery.

Crutches: You will have crutches after surgery, and will be instructed on how to use them. How long you use crutches will depend on the type of surgery performed, and can vary from one to two days to 6 weeks.

Brace: Depending on your surgery, you may receive a brace for your knee. You will be instructed on the amount of motion allowed in the brace, and how long it is needed.

Ice: You may receive an ice machine that continually surrounds your knee with cold water. If not, you may apply ice over the dressings for 30 minutes every hour for several days. Do not use heat.

Suture removal: Your stitches will be removed at your office visit 7-10 days after surgery. Occasionally, sutures are used which resorb and do not need to be removed.

Follow-up office visit: You will be instructed on when to follow-up in the office. This is usually 7-10 days after surgery.

Exercise: You will be instructed on exercises you can do immediately after surgery. You will start physical therapy within 1 to 2 weeks after surgery.

Return to work or school: You can return to school or work within 3 – 5 days using the crutches. If your job involves more extended walking or heavy activity, you may be out of work or school for a longer period of time.

What will rehabilitation involve?

The rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining motion; 3) regaining strength; and 4) return to sports. The specific rehabilitation protocol for the physical therapist will depend on the procedure performed, and will be reviewed after surgery.

When can I return to sports?

Your return to sports will depend on the extent of damage and the procedure performed on your knee. In general, you will be allowed to return to sports in one to two months after surgery. You must have good motion, strength, and control of your knee. How quickly you return to sports depends on several factors, including: 1) your own rate of healing; 2) the damage found at surgery; 3) if you have any complications; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

Our commitment

The entire NewportCare team is committed to you, the patient. We understand that this is a stressful time, and you may be anxious about your injury and the need for surgery. Please contact me with any questions about your injury or treatment plan.

Lucas Wymore, MD

Office Phone: 949-491-9991

Office Fax: 949-612-9795

Email: Wymore@newportcare.org