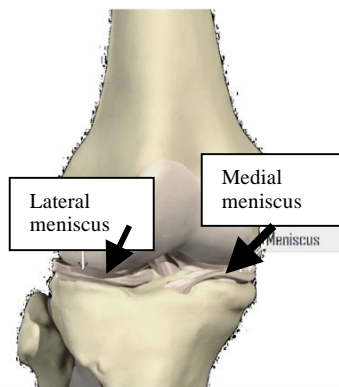


KNEE ARTHROSCOPY

Modern or contemporary arthroscopy of the knee was first performed in the late 1960s. With improvements of arthroscopes and higher-resolution cameras, the procedure has become highly effective for both the accurate diagnosis and proper treatment of knee problems. Today, arthroscopy is one of the most common orthopaedic procedures in the United States. More than 1.5 million knee arthroscopies are performed in this country each year.

Arthroscopy is a technology that allows me to see inside your knee joint through two to four small skin punctures. The knee is filled with fluid and a tube about the size of a pencil with a fiber optic camera attached to its end is inserted through one of the small punctures allowing me to see inside your knee. By using different instruments through the other incisions damaged structures can be treated. Arthroscopy is also helpful in diagnosing certain problems with your knee that other tests (e.g. x-rays or MRI) may not show.

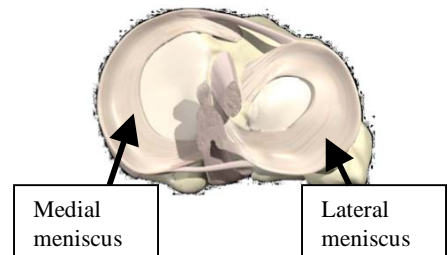


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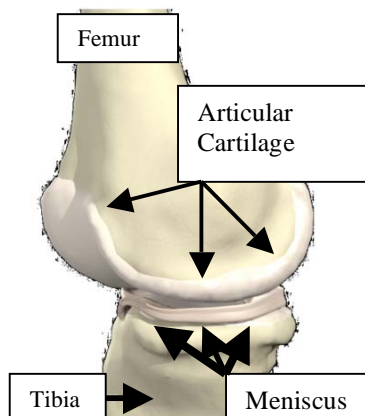
Arthroscopy is useful in diagnosing and treating damage to the **meniscus** (the “shock absorber” cartilage), defects in the **articular cartilage** (covering on the end of the bone), loose pieces of cartilage, **patella** (kneecap) problems and the anterior or posterior cruciate ligaments.

Treatment of the **torn meniscus** most often requires removal of the damaged portion. If this is your only injury and the torn segment is small, the procedure is very successful. In about 10% of cases where a specific type of tear is present, the meniscus can be

repaired. If there chondromalacia (articular cartilage damage) present at the time your meniscus tear is treated, arthroscopy is not as successful in relieving the pain completely. Although pain from the meniscus tear will go away you may experience residual symptoms from the chondromalacia which is like “early arthritis”.



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In cases where limited amounts of **chondromalacia (early arthritis)** is present, arthroscopy can be helpful. The procedure can try to “smooth” uneven areas of damaged cartilage or remove loose pieces of cartilage and bone floating in the knee. The improvement in symptoms is less predictable than with meniscus tears. If the cartilage is worn down to bone, small holes may be created in the bone to stimulate bleeding. The goal of the procedure is to form a cartilage-like substance. If severe damage is present the improved results may not be permanent but could “buy time” before you need a more extensive procedure. As **new technology** becomes available,

we are able to restore articular cartilage or even transplant a new meniscus in a small number of patients with very specific injuries.

Arthroscopy is also very useful in treating **kneecap problems**. If your kneecap is abnormally tilted or if the ligaments attached to it are too tight, a **lateral release** may be performed. This procedure releases the tight structures. For kneecaps that dislocate out of their groove, there are numerous procedures that can be performed. Many of these require a traditional open incision in addition to arthroscopy and will be discussed with you in advance. If you have a **plicae** (band of knee tissue) becoming pinched under your kneecap, this can be removed arthroscopically.

The diagnosis of torn ligaments such as **anterior cruciate ligament (ACL) tears** will be made before surgery, and the reconstructive procedure will be discussed with you in detail.

Knee arthroscopy is performed as an outpatient procedure, i.e. **no** overnight stay in the hospital. It is most often performed under general anesthesia (go to sleep), but occasionally is done under spinal and rarely under local. The surgery is easier and safer to perform when you are completely relaxed, which general and spinal anesthesia permit. You are usually at the outpatient surgery area for four to five hours. Your knee will have a bandage on it following surgery. In most cases ice will be placed on your knee at the end of surgery. This will help to reduce swelling and pain in your knee. A knee immobilizer or brace is sometimes required. You will be given written instructions after surgery.

In general, if only the meniscus is torn, return to most activities occurs between three and six weeks from surgery if the torn area is removed. It can take longer if there is significant arthritis or other damage present or if the meniscus is repaired. Obviously, return to work is dependent not only on what is damaged, but also your job requirements. You will be given specific exercises to perform after surgery that will help knee motion and strength return to normal. Depending on exactly what is done and how your knee responds to the procedure, formal physical therapy may be required after surgery. Most of the time, normal function of your knee will return after a recovery period of 1-2 months. Although, there may be occasional reminders, such as stiffness or discomfort, that you have had surgery. Unfortunately, some of you may be reminded more frequently. Much of this depends again on the damage present, what could be done to treat it, and unfortunately your age. Most of the time arthroscopy is performed to improve your activity by decreasing or eliminating the pain.

Is Arthroscopy for You?

Your family physician can refer you to an orthopaedic surgeon specializing in arthroscopic surgery for an evaluation to determine whether you could benefit from arthroscopy.

Signs that you may be a candidate for this procedure include **swelling, persistent pain, catching, giving-way**, and **loss of confidence** in your knee. When other treatments such as the regular use of medications, knee supports, and physical therapy have provided minimal or no improvement, you may benefit from arthroscopy.

Dr. Goradia's Experience

Dr. Goradia has received advanced fellowship training in Arthroscopic Surgery and Sports Medicine that most orthopedic surgeons do NOT receive. In addition Dr. Goradia is active in the Arthroscopy Association of North America where he produces videos of his surgeries to teach other surgeons and he teaches at national conferences. Dr. Goradia performs several hundred arthroscopic surgeries every year. For more information about Dr. Goradia's qualifications visit our website at www.GoOrtho.net.

More Information

To see animated surgery or actual surgery visit the Go Library on our website at www.GoOrtho.net.

All surgical procedures have risks. These risks along with the potential benefits of surgery will always be discussed with you by Dr. Goradia. Options other than surgery such as living with symptoms, medications, injections & activity modification will also be discussed with you. If you do NOT understand or have any questions you should contact the office. You should never have surgery without fully understanding it and your options.