



THUNDER BASIN ORTHOPAEDICS
AND SPORTS MEDICINE

Knee Arthroscopy

What is knee arthroscopy?

Knee arthroscopy (also known as knee scope) is a type of minimally invasive surgery where the surgeon uses a camera to look into the knee joint and appropriately address knee pathology through small incisions (about 1 cm). This is typically an outpatient procedure. The benefits of knee arthroscopy are smaller incisions, less scarring/damage to surrounding structures, and quicker recovery time.

Common indications for knee arthroscopy:

There are many indications and common procedures that involve knee arthroscopy. Some common procedures are listed below:

- **Meniscus tears:** The meniscus is a crescent shaped piece of cartilage that serves as a shock absorber for the knee joint. Pain is a common symptom of a meniscus tear, but often times patients also experience mechanical symptoms such as locking, popping, catching, or giving way. Some meniscus tears require repair, while others require removal of the torn piece. Rehab will vary whether the meniscus is repaired or debrided.
- **Anterior Cruciate Ligament (ACL) Tears:** The ACL is one of the four main stabilizing ligaments in the knee. This typically occurs from a pivoting injury to the knee and usually requires surgical reconstruction of the ligament. *See ACL handout for more information.*
- **Cartilage injuries:** Damage to the cartilage in the knee can cause pain, but also mechanical symptoms from loose pieces of cartilage floating around in the knee. These injuries are a form of osteoarthritis (wear and tear of the cartilage) of the knee joint. Smoothing out and removing the damaged cartilage may help with symptoms from the osteoarthritis.
- **Patella tracking disorder:** This occurs when the kneecap is pulled off to the side often because a ligament (lateral retinaculum) on the outside of the kneecap is too tight. This can cause pain in the front part of the knee and sometimes leads to cartilage damage if it is longstanding. Surgical separation of the tight ligament (lateral release) may be indicated in some people.

- Plica disorder: Plica is a small fold in the capsule of the knee on either side of the kneecap. The plica can become inflamed and irritated causing pain and popping in the knee. Surgical removal of the plica may be indicated in some people.

Pre-Operative Care:

- “Pre-hab”: you may be instructed by your orthopedic provider to have an evaluation with a physical therapist prior to your surgery. The intention of pre-hab is to build up your strength and maintain normal motion. This will greatly help your recovery process after surgery.
- Medical clearance: this will be determined by your surgeon depending on your age and medical history. You may need routine blood work, test, and/or an evaluation by your primary care provider depending on your age and medical history.
- Medications: stop taking all anti-inflammatory medications (NSAIDs) and OTC herbal supplements/vitamins 2 weeks prior to your surgery. These medications thin your blood and make it difficult for your surgeon to perform the surgery. All other medications will be reviewed by the surgical facility.

Post-Operative Care:

- Pain medication: you will typically be given a prescription anti-inflammatory medication for your baseline pain medication. You may also be given a stronger pain medication to take for breakthrough pain that the anti-inflammatory pain medication does not control.
 - Our goal at Thunder Basin Orthopaedics is to make you comfortable, but we do not expect you to be pain free.
- Dressing: leave bandage on for 72 hours after surgery, then may remove bandage and shower as normal. No soaking of the incision for 3 weeks after surgery. Leave steri-strips in place until they come off on their own.
- Ice: you may be given a cryocuff ice machine after surgery. Using ice is very important to decrease swelling and pain after surgery. Leave ice on for 20 minutes at a time, and ice several times a day for the first week after surgery.
- Weight bearing: most patients are able to bear weight as tolerated and crutches are typically not required after surgery. Some patients use crutches for their comfort for a few days following surgery. If your procedure requires weight bearing restrictions, your surgeon will inform you of this.

Please refer to our attached frequently asked questions list. If your question has not been answered, please call Thunder Basin Orthopaedics at (307) 682-6222 – Gillette or (307) 358-6200 – Douglas.



