

Knee arthroscopy

Definition

Knee arthroscopy is surgery that uses a tiny camera to look inside your knee. Small cuts are made to insert the camera and small surgical tools into your knee for the procedure.

Alternative Names

Knee scope - arthroscopic lateral retinacular release; Synovectomy - knee; Patellar (knee) debridement; Meniscus repair; Lateral release; Knee surgery; Meniscus - arthroscopy; Collateral ligament - arthroscopy

Description

Three different types of pain relief (anesthesia) may be used for knee arthroscopy surgery:

- Local anesthesia. Your knee may be numbed with pain medicine. You may also be given medicines that relax you. You will stay awake.
- Spinal anesthesia. This is also called regional anesthesia. The pain medicine is injected into a space in your spine. You will be awake but will not be able to feel anything below your waist.
- General anesthesia. You will be asleep and pain-free.
- Regional nerve block (femoral or adductor canal block). This is another type of regional anesthesia. The pain medicine is injected around the nerve in your groin. You will be asleep during the operation. This type of anesthesia will block out pain so that you need less general anesthesia.

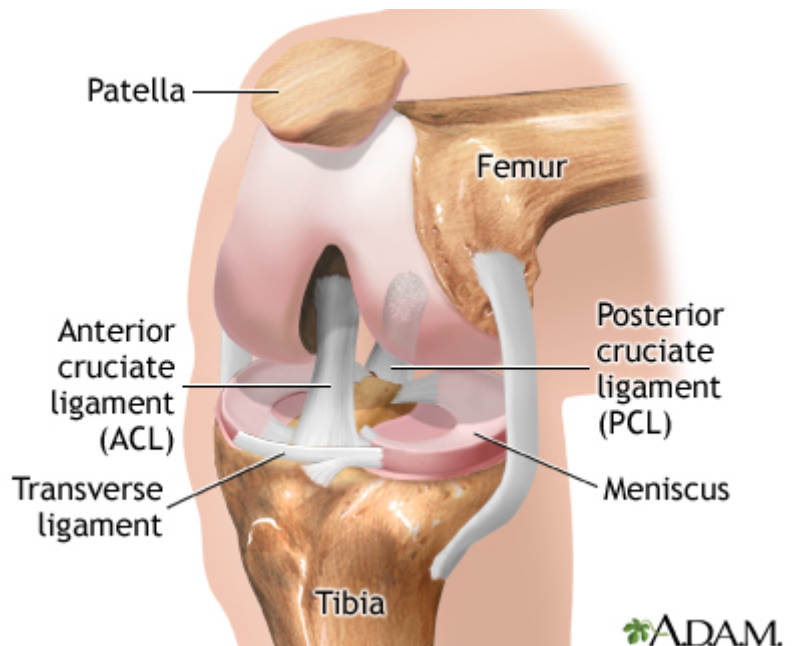
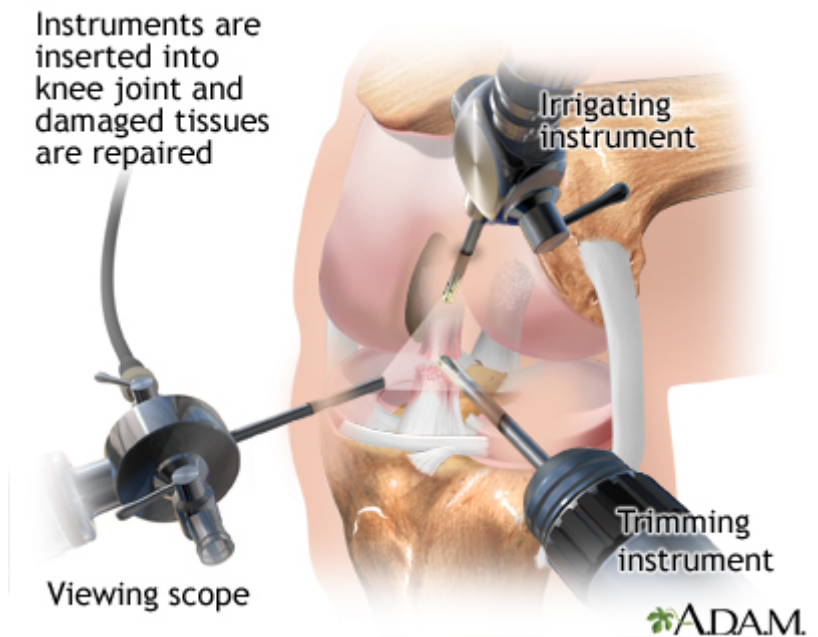
A cuff-like device may be put around your thigh to help control bleeding during the procedure.

The surgeon will make 2 or 3 small cuts around your knee. Salt water (saline) will be pumped into your knee to inflate the knee.

A narrow tube with a tiny camera on the end will be inserted through one of the cuts. The camera is attached to a video monitor that lets the surgeon see inside the knee.

The surgeon may put other small surgery tools inside your knee through the other cuts. The surgeon will then fix or remove the problem in your knee.

At the end of your surgery, the saline will be drained from your knee. The surgeon will close your cuts with sutures (stitches) and cover them with a dressing. Many surgeons take pictures of the



procedure from the video monitor. You may be able to view these pictures after the operation so that you can see what was done.

Why the Procedure Is Performed

Arthroscopy may be recommended for these knee problems:

- Torn meniscus. Meniscus is cartilage that cushions the space between the bones in the knee. Surgery is done to repair or remove it.
- Torn or damaged anterior cruciate ligament (ACL) or posterior cruciate ligament (PCL).
- Torn or damaged collateral ligament.
- Swollen (inflamed) or damaged lining of the joint. This lining is called the synovium.
- Kneecap (patella) that is out of position (misalignment).
- Small pieces of broken cartilage in the knee joint.
- Removal of a Baker cyst. This is a swelling behind the knee that is filled with fluid. Sometimes the problem occurs when there is swelling and pain (inflammation) from other causes, like arthritis.
- Repair of defect in cartilage.
- Some fractures of the bones of the knee.

Risks

The risks for anesthesia and surgery are:

- Allergic reactions to medicines
- Breathing problems
- Bleeding
- Infection

Additional risks for this surgery include:

- Bleeding into the knee joint
- Damage to the cartilage, meniscus, or ligaments in the knee
- Blood clot in the leg
- Injury to a blood vessel or nerve
- Infection in the knee joint
- Knee stiffness

Before the Procedure

Always tell your health care provider what medicines you are taking, even drugs, supplements, or herbs you bought without a prescription.

During the 2 weeks before your surgery:

- You may be told to stop taking medicines that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), naproxen (Naprosyn, Aleve), and other blood thinners.
- Ask which medicines you should still take on the day of your surgery.
- Tell your provider if you have been drinking a lot of alcohol (more than 1 or 2 drinks a day).
- If you smoke, try to stop. Ask your provider for help. Smoking can slow down wound and bone healing. It also leads to a higher rate of surgical complications.
- Always let your provider know about any cold, flu, fever, herpes breakout, or other illness you have before your surgery.

On the day of your surgery:

- You will most often be asked not to drink or eat anything for 6 to 12 hours before the procedure.

- Take the medicines you have been told to take with a small sip of water.
- You will be told when to arrive at the hospital.

After the Procedure

You will have an ace bandage on your knee over the dressing. Most people go home the same day they have surgery. Your provider will give you exercises to do that you can start after surgery. You may also be referred to a physical therapist.

Outlook (Prognosis)

Full recovery after knee arthroscopy will depend on what type of problem was treated.

Problems such as a torn meniscus, broken cartilage, Baker cyst, and problems with the synovium are often easily fixed. Many people stay active after these surgeries.

Recovery from simple procedures is fast in most cases. You may need to use crutches for a while after some types of surgery. Your provider may also prescribe pain medicine.

Recovery will take longer if you have had a more complex procedure. If parts of your knee have been repaired or rebuilt, you may not be able to walk without crutches or a knee brace for several weeks. Full recovery may take several months to a year.

If you also have arthritis in your knee, you will still have arthritis symptoms after surgery to repair other damage to your knee.

References

Griffin JW, Hart JA, Thompson SR, Miller MD. Basics of knee arthroscopy. In: Miller MD, Thompson SR, eds. *DeLee and Drez's Orthopaedic Sports Medicine*. 4th ed. Philadelphia, PA: Elsevier Saunders; 2015:chap 94.

Phillips BB, Mihalko MJ. Arthroscopy of the lower extremity. In: Azar FM, Beaty JH, Canale ST, eds. *Campbell's Operative Orthopaedics*. 13th ed. Philadelphia, PA: Elsevier; 2017:chap 51.

Waterman BR, Owens BD. Arthroscopic synovectomy and posterior knee arthroscopy. In: Miller MD, Browne JA, Cole BJ, Cosgarea AJ, Owens BD, eds. *Operative Techniques: Knee Surgery*. 2nd ed. Philadelphia, PA: Elsevier; 2018:chap 3.

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