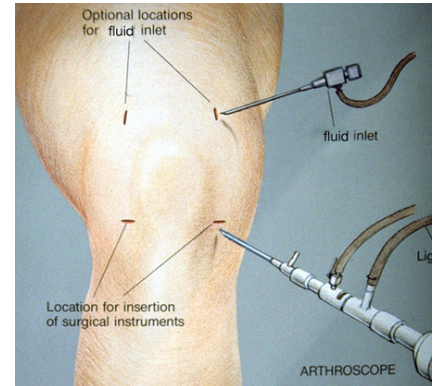




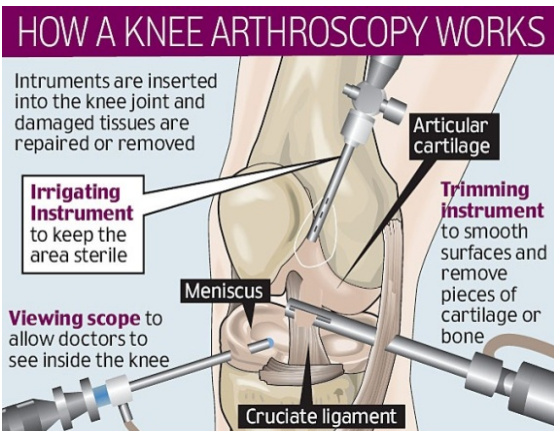
Knee Arthroscopy

The Procedure

Knee arthroscopy, or a knee scope, is a procedure that allows your orthopedic surgeon to look inside of your knee. Using an arthroscope (a slender scope that contains a lens and a light source), your surgeon is able to look at your knee joint and surrounding tissues. This allows the orthopedic surgeon to obtain a clear view of the knee, diagnose, and treat knee conditions and injuries. Small incisions are made around the knee to insert the arthroscope, irrigating tool, and reparative instruments. The images are then projected on a television screen in the operating room, so that the physician has an enhanced view of the knee and tissues.



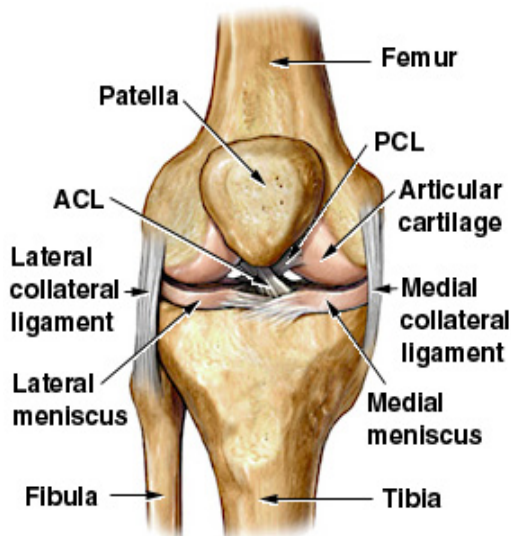
Since its introduction in the 1970's, arthroscopy has greatly improved knee surgery techniques. Previously, knee surgery techniques included a large incision with an open procedure, and a lengthy hospitalization. With arthroscopy, the procedure is minimally invasive and patients either are hospitalized for one day or return home the same day. The procedure is performed at a hospital in the operating room. Anesthesia will be administered so that either you sleep throughout the surgery (general anesthesia) or so that you are numb from the waist down (spinal block). The procedure usually takes 1-2 hours.



Preparing for Surgery

Before the surgical procedure, it is important to prepare your body as well as the home for the surgery and the post-operative period (time after surgery). The following is a list of things to do before your scheduled surgery.

- Make an appointment to see your primary care practitioner (or see our Family Nurse Practitioner) for a pre-operative physical exam. This is done to ensure that you are in good health to have the surgery. An ECG (electrocardiogram) and laboratory work may be ordered. Any medical conditions that require better control prior to surgery will be discussed. Moreover, medications that need to be stopped prior to surgery will be discussed.
- Consult your primary care doctor and stop any medications that could contribute to prolonged bleeding. Such medications include aspirin, ibuprofen, Aleve, warfarin (Coumadin), fish oil supplements, etc. Ideally, these medications should be discontinued 7 days prior to surgery.
- Depending on when your surgery is scheduled, you may need to fast (nothing by mouth) prior to your surgery. It is recommended that you do not drink or eat anything at least 8 hours before surgery. This helps prevent any nausea or abdominal upset from the anesthesia and



medications.

- If you smoke cigarettes or tobacco products, you should stop. Nicotine can increase your chances of having surgical complications, and can delay healing. Many orthopedic surgeons require patients to stop using tobacco before surgery will even be considered. See your primary care provider for information on smoking cessation.
- Arrange for someone to drive you home after surgery. Most patients are hospitalized for 1 day, and may be limited with driving after surgery. If you are taking any narcotic pain medicine, you should not drive or operate any machinery as these medications may cloud your judgment.
- Prepare your home for your recovery period. Start by reducing household hazards, such as throw rugs, electrical cords, and clutter that may cause you any injuries during your recovery. Also, if possible, move frequently used items to a main level in your home. This will help reduce the amount of reaching and stairs climbing you have to do.



After Surgery

After your surgery is completed, you will be taken to the hospital recovery room. There the nurses will monitor your blood pressure, heart rhythm, breathing, and help manage any pain you are experiencing. A bandage or dressing will cover your knee to keep the incision clean. After you are more awake and alert, you will either be taken to your hospital room or discharged home.

Returning Home

After you are discharged from the hospital, you will need to continue with activity restrictions and incision cares as directed by your orthopedic surgeon and the hospital staff. The hospital will arrange for an appointment with your orthopedic surgeon approximately 7 days after surgery. At that time, your physician will evaluate your surgical incision, amount of swelling, and your pain level.

Wound Care

Your dressing is meant to be kept clean and dry. You may remove the ace wrap, or large, stretchy, brown bandage, and the large dressing on the second or third day after surgery and replace it with gauze 4x4 pads over the incision sites. A small amount of clear drainage or bleeding is normal. If you are having drainage, the dressing should be changed daily to keep the incisions clean.

Bathing



You may get the incision wet and shower three days after surgery. The shower should be brief and the wounds patted dry with a clean towel. No baths or soaking the incision until 2 weeks after surgery and the scabs are absent.

Pain and Swelling

Ice your knee as frequently as possible. We recommend icing your knee 4-6 times per day for 20-30 minutes at a time. You may use either an ice bag given to you at the hospital, or simply place ice in a Ziploc bag and place it on the knee. Do not place the ice directly to the skin. Always use a towel or cloth to wrap the ice pack in to protect the skin.

Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down on the use of these medications as tolerated. These medications can cause constipation, and you may need to take an over the counter stool softer while taking these medications. Tylenol products may be used instead of narcotic pain medications, but the two should not be taken together. Many narcotic pain medications contain Acetaminophen, the ingredient in Tylenol, and excessive doses may cause liver damage. You may take Aleve or ibuprofen for breakthrough pain that is not relieved with the narcotic pain medication. *If a refill of medication is needed, please call the office during regular business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. It is best to call by Thursday to request medication refills. In general, refill requests will not be granted after hours or on weekends, so please plan ahead.*



Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate your knee above the heart level (“toes above the nose”) for the first 24-48 hours after surgery. Elevation for 30 minutes every 2 hours is our initial recommendation. Moving your ankles up and down (ankle pumps) on a regularly helps circulate blood in your legs and reduces swelling. Excessive pain and swelling should be reported to your surgeon.

Weight Bearing

Depending on your procedure, you may be able to be full weight bearing or no weight bearing after your procedure (please refer to our post-operative instructions for further information). If you are able to bear weight, you may require assistance such as the use of crutches or other devices, for 2-5 days after surgery. Walk with a heel-toe gait while using your crutches. You must be able to walk without a limp to discontinue the use of the crutches. Try to avoid being up on the knee for lengthy periods of time for the first 7 days after surgery. Some procedures, such as a posterior cruciate ligament (PCL) repair, are to be rested with no motion and the use of a brace. Your orthopedic surgeon will guide your activity after your procedure.

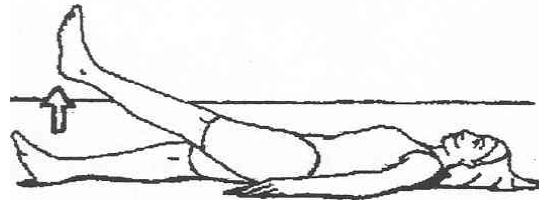
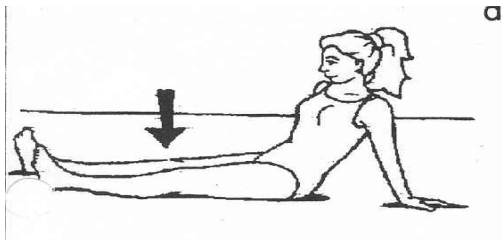
Driving

To drive, you must no longer be taking narcotic pain medication, as these medications can cloud your judgment and may you feel less alert. Tylenol, Aleve, and ibuprofen do not affect your judgment. To safely drive, you must also be strong and alert. Most people start driving 1-2 weeks after surgery.

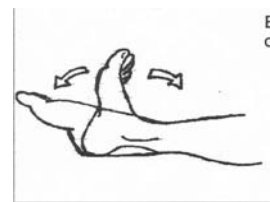
Exercises

You should not start putting weight on your knee unless directed by your orthopedic surgeon. The following exercises should begin the day after surgery, to strengthen your knee and your leg muscles (quadriceps).

- Quad-sets: straighten the knee by tightening the quadriceps (the thigh muscle), flexing the ankle (point toes toward the ceiling), and pushing the back of the knee into the floor. Hold for 5-10 seconds. Work to 25 repetitions, 4 times per day.



- Straight leg raises: while maintaining the tightened quadriceps muscle position, slowly raise the straightened leg off the floor and hold for 5-10 seconds. Work to 25 repetitions, 4 times per day.
- Ankle pumps and heel slides: pump foot/ankle up and down 20 times per waking hour. Heel slides should be performed 20 times per hour as well.



- Biking on a stationary bike is highly recommended beginning one week after surgery. Biking is used to aid in increasing range of motion. This should be done pain-free and with little to no resistance.

Follow-Up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1 week after surgery.

Worrisome Findings

Occasionally patients experience troubles after surgery and need additional medical attention. Such conditions that require medical attention include the following:

- Fever of greater than 101 degrees F
- New or different colored drainage from your surgical incision
- Swelling, redness, and pain to touch in your leg
- Inability to stretch or bend your knee or participate in physical therapy as before
- Pain in your lower leg when you bend your foot upwards
- Chest pain or shortness of breath



Seek medical attention immediately if you develop sudden chest pain, shortness of breath, a rapid heartbeat, lightheadedness or dizziness, and if your leg appears warm, red, and is painful to the touch.

Questions or Concerns

If you have any questions or concerns about your procedure or recovery, please feel free to contact us. Our goal is to provide excellent care, and get you back to your active lifestyle.

Eau Claire office: 715-832-1400

Chippewa Falls office: 715-723-8514