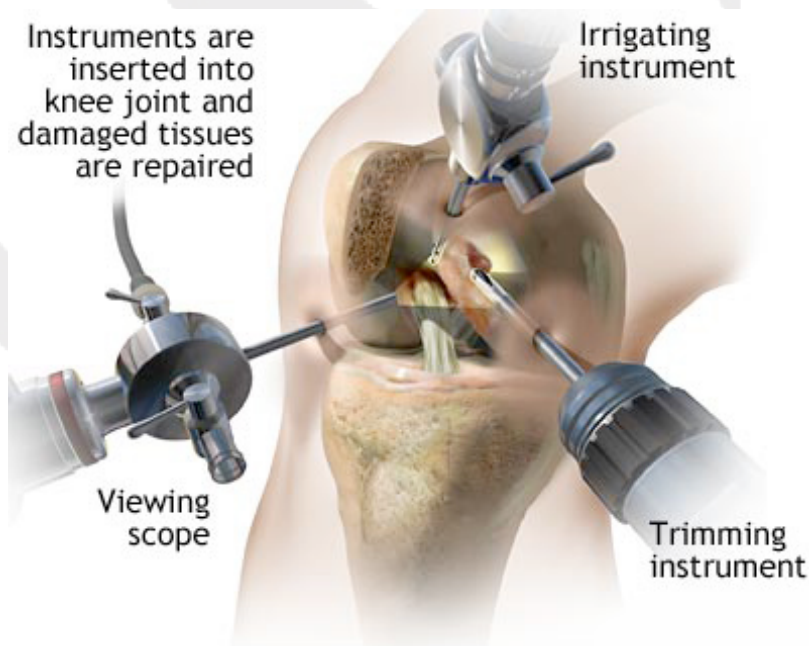


KNEE ARTHROSCOPY: EXPLANATION OF INDICATIONS AND PROCEDURE

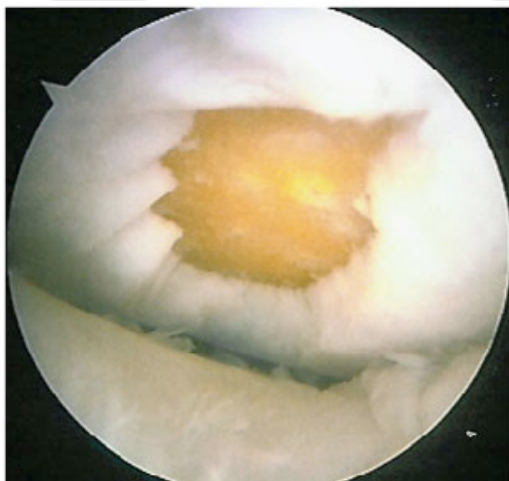
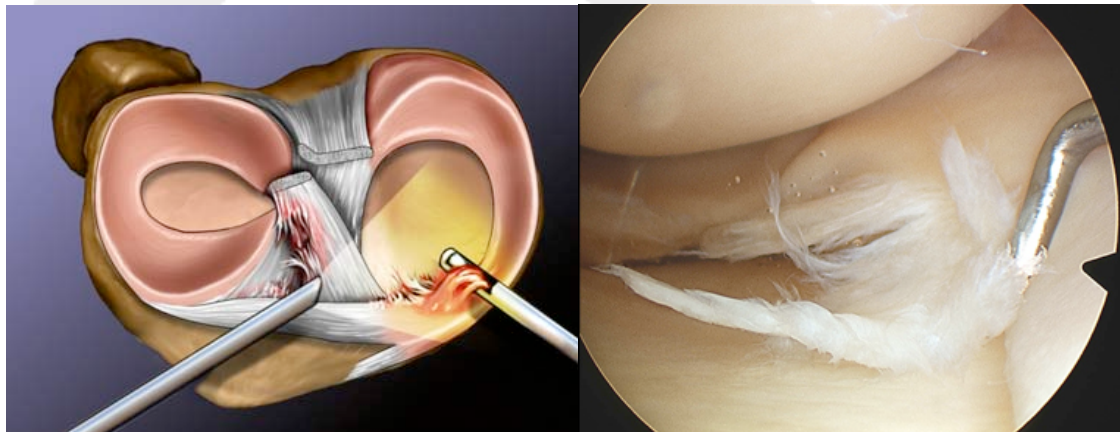
Alexander P. Sah, M.D.

Knee arthroscopy refers to the use of a small camera to visualize the inner aspect of the knee joint. Inspection of the joint allows evaluation of the cartilage and soft tissues within the knee space. Technical advances have led to high-definition monitors and high-resolution cameras. Small instruments can be used to address cartilage tears, remove loose bodies, or remove problematic tissue. This procedure is performed on an outpatient basis, with a straightforward recovery. Knee arthroscopy is a commonly performed surgery, over 4 million yearly worldwide, and potential candidates should have a clear understanding of the nature of the operation, its advantages and disadvantages, and its limitations and contraindications.

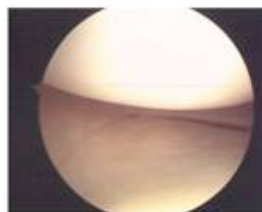


INDICATIONS

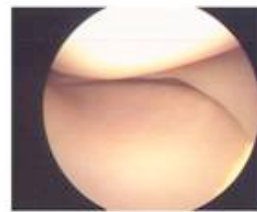
Knee arthroscopy is used for the treatment of small cartilage injuries such as meniscal tears or cartilage defects. In addition, loose bodies can be removed and soft tissues within the joint addressed with this procedure. Mechanical symptoms such as locking or catching in the knee are generally reliably treated with this surgery. Pain caused by one of the previously listed conditions also can be improved with treatment of the underlying problem. Typically, patients with meniscal tears experience knee swelling, pain, limited motion, and often mechanical symptoms like knee locking or catching. An MRI might be ordered to identify the cause of symptoms prior to proceeding with surgery.



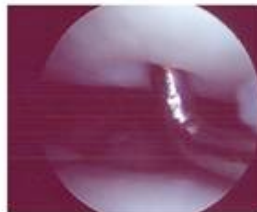
Full thickness cartilage loss with exposed bone.



Normal medial meniscus



Normal lateral meniscus



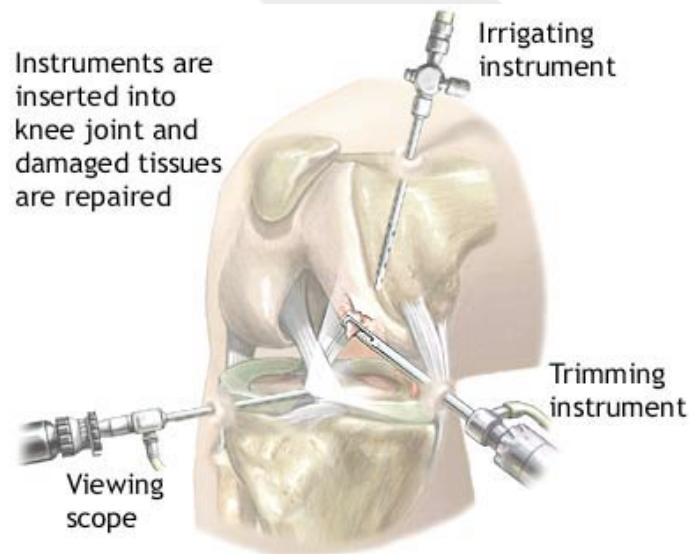
Soft patellar articular cartilage



Anterior cruciate ligament

PROCEDURE

The surgical procedure is performed on an outpatient basis, meaning discharge occurs a few hours after surgery. Typically two to three small incisions are made to allow the use of pencil-sized instruments. Arthroscopy has a much faster recovery than traditional open knee surgery. One instrument is the camera which allows visualization of the structures within the knee joint. The second instrument can vary from a probe to a scissor-type device to an electric shaver. The surgery typically takes about half an hour. Patients then recover from the brief anesthesia at the outpatient center and are able to go home after a few hours. Ambulation is typically performed with crutches for comfort, and progressed as symptoms allow. Initially during recovery, rest and ice and anti-inflammatory medications are required.



LIMITATIONS, DISADVANTAGES AND COMPLICATIONS

Knee arthroscopy is limited to select conditions and to those that are typically isolated to small areas of the knee. More diffuse involvement of the knee or larger defects may require open knee surgery. Occasionally, knee arthroscopy will not fully eliminate all knee pain. Underlying knee arthritis will sometimes progress after knee arthroscopy. Complications are unusual after knee arthroscopy, and rarely include infection or a leg blood clot.