

KNEE ARTHROSCOPY PREOP INFORMATION

WHAT IS ARTHROSCOPY?

Knee arthroscopy is a sterile procedure that allows direct visualization of the knee joint to diagnose and treat problems. The word arthroscopy comes from the Greek “arthro” (joint) and “skopein”(to look), meaning “to look within the joint”. Dr. Beamer makes a small incision in the skin and inserts a pencil-sized instrument that contains a small lens and lighting system to magnify and illuminate the structures inside the knee joint. The television camera attached to the arthroscope displays the image of the joint on a television screen.

WHY IS ARTHROSCOPY NECESSARY?

Diagnosing joint injuries and disease begins with a thorough medical history, physical examination, and usually x-rays and/or imaging (CT scan/ MRI). The arthroscope allows Dr. Beamer to make a final diagnosis and treat it. A meniscus tear, ligament tear, or cartilage injury are the most common reasons for knee arthroscopy.

WHAT ARE THE POSSIBLE COMPLICATIONS?

The risk of complications after knee arthroscopy is extremely low. However, with any arthroscopic surgery there are risks including, but not limited to:

- bleeding
- infection
- nerve and blood vessel injuries, or blood clot
- joint stiffness
- a build-up of fluid in the knee joint
- cartilage damage
- anesthetic complications

WHAT ARE THE ADVANTAGES?

Knee arthroscopy is performed as day surgery. Compared to open surgery (large incision), arthroscopy provides:

- improved cosmesis
- shorter recovery time, accelerated rehabilitation
- fewer complications
- less pain
- less damage to soft tissues at the incision site

WHAT SHOULD I DO BEFORE KNEE SURGERY?

Dr. Beamer may ask you to see your primary care physician or the anesthesia clinic for pre-operative surgical clearance. Depending on your age and medical condition, you may be asked to get an ECG, chest x-ray, and other laboratory tests a few days or weeks prior to your scheduled surgery date.

Dr. Beamer will ask you not to eat or drink anything for 8 hours before surgery. Many medications you can take on the day of surgery, but you should not take any aspirin or anti-inflammatory medications (e.g. Advil, Motrin, Ibuprofen) for 7 days before your surgery as they can increase bleeding.

You must arrange for someone to pick you up after surgery and stay with you for the first 24 hours after surgery.

WHAT HAPPENS ON THE DAY OF SURGERY?

On the day of arthroscopy you will need to:

- wear loose, comfortable clothing
- remove all jewelry
- go to bathroom just before surgery

Before surgery, you will be in the “pre-operative holding area” where the nurse or anesthesiologist will start an intravenous line, or “IV”. Your anesthesiologist will meet with you to go over the options for anesthesia which include local anesthetic with sedation and general anesthesia.

HOW IS ARTHROSCOPY PERFORMED?

The length of time for knee arthroscopy varies, depending on what is done during the surgery. Generally, it takes 30 minutes for the surgery.

Two or three small incisions (about 3 millimeters in length) are made on the front of your knee to insert the arthroscopy camera and necessary instruments. Attached to this is a camera and light source which is also attached to a TV monitor. A pump is used to precisely monitor the amount of fluid (sterile saline) to irrigate and fill the joint space for better viewing. Pictures and video may be taken and saved for later reference.

Dr. Beamer will inspect the entire joint first. He may use a motorized “shaving” instrument to clean up torn cartilage or excessive growth of inflamed tissues.

WHAT HAPPENS IMMEDIATELY AFTER SURGERY?

After your arthroscopy you will go the recovery room. You will remain there until the effects of your anesthetic have begun to wear off. You will remain in the recovery room until you can eat, drink, and urinate without difficulty. Specially trained nurses will monitor your progress and give you verbal and written discharge instructions. You will not be able to drive home after surgery and we recommend that someone stay with you overnight.

Most patients will be able to walk with crutches immediately after surgery, but this may vary depending on what is done during surgery.

You may be sent home with a cooling machine to decrease inflammation. Please use this intermittently (30 minutes on, 30 minutes off). Dr. Beamer will apply a bulky dressing after surgery to lessen the risk of frost bite, but that risk is increased if you use the machine continuously. Otherwise, the use of ice bags are perfectly fine, provided the dressing stays dry.

Please wear your compressive stockings for a full two weeks to prevent blood clots.

WHEN CAN I DRIVE?

Driving recommendations will vary with the specific surgery. You should not drive while you are using narcotic medications. If your surgery is on the left side, you may be able to drive in a few days (for automatic transmission). If your surgery is on the right side (or manual transmission), it may take 1-2 weeks before you are able to drive. This may be longer if you undergo ACL reconstruction.

WHEN CAN I RETURN TO NORMAL ACTIVITIES

Most patients return to desk work or school within a week, but we recommend at least 1-2 days off. If your job requires physical activity, it may take much longer (weeks or months) depending on the nature of your job and type of surgery. It can take several months for your knee to “completely” recover.

A rehabilitation plan will be discussed with you 1-3 days after surgery and expected recovery timelines will be made more specific, depending on what exactly was seen and done during surgery. The sutures will usually be removed 7-10 days after surgery. You may shower 72 hours after surgery, but we recommend that you keep the incisions clean and dry until the sutures are removed. You should not take baths or “hot tub”, or swim until 4 weeks after surgery.



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For minor arthroscopic procedures (e.g. partial menisectomy), limited sports activities can usually be started by the 4th week. Avoid running/impact for 6 weeks post-op. For major procedures (e.g. ACL reconstruction), limited sports begins after 4-6 months, and elite athletes will take longer than this to return to competitive form.

Please do not fly or go on long car rides (greater than 3 hours) for 6 weeks after surgery. If you must travel before that time, you must inform Dr. Beamer and he will arrange for an ultrasound to be performed to ensure you do not have a small blood clot before you travel, and he may prescribe medications to lower your risk of blood clot and pulmonary embolus.

If you have any questions, contact our sports medicine clinic at 530-344-2070.