



## KNEE ARTHROSCOPY

The problem(s) you are having with your knee is (are) a result of:

Meniscus tear

Chondromalacia (cartilage wear)

Patella instability/dislocation

Plica

ACL tear

Chondral defect (cartilage divot)

Loose body

Synovitis (inflamed lining)

Patella tendon

Quadriceps tendon

Lateral patellofemoral compression

Arthroscopy requires inflating your knee with fluid and inserting a small fiber-optic camera and small instruments into your knee through 2 (rarely 3) small incisions, to perform surgical procedures. This is done under sterile conditions in a surgical room, not an office. You will most often have this done under a general anesthetic. The procedure time varies, but is generally ranges from 15 minutes for a meniscus to 90 minutes for an ACL reconstruction. Any specifics or special needs will be discussed with you.

The incisions are usually closed with steri-strips or buried sutures and in most cases, do not require sutures to be removed. A dressing will be applied and you will be given instructions regarding postop care until your first postop appointment.

Generally, you start full range of motion immediately upon completion of the procedure and full weight bearing on your leg without crutches. If your weight bearing status or range of motion status should be different, I will specifically instruct you on this at the time of surgery, or inform your family after the procedure. **If, for any reason, you cannot comply with non-weightbearing for 4-6 weeks, please let me know BEFORE surgery.** I could find a problem during surgery that would require a more extensive procedure resulting in the need for non-weightbearing. Since you would need to use crutches in that situation, we need to know PRIOR to your surgery if you cannot comply. If you cannot do this, we would arrange to come back another day and perform that when you can comply with proper postop care.

**RISKS** include, but are not limited to: infection, persistent pain, failed repairs, joint damage, knee stiffness requiring a repeat arthroscopy or manipulation to regain motion, deep vein thrombosis or pulmonary embolus (blood clots) which can lead to death, injury to nerves and blood vessels, and complications that are secondary to the anesthetic. The risks for any of these are extremely low. I do not utilize a tourniquet on the leg to control bleeding, as my technique is very minimally traumatic. This allows me to monitor bleeding and prevent it as it occurs and reduces the chance of a blood clot. It also prevents the phenomenon of “post tourniquet pain”. This pain is usually a result of cutting off the blood supply to muscles for a period of time and is a frequent occurrence after the use of a tourniquet in surgery.

This information is in no way a substitute for discussing your problem with me personally and is not a surgical consent. I give this to you as a reference, as people frequently have questions after they leave my office or before surgery. Should you have any questions prior to the time of your surgery, please feel free to contact me at your convenience or write them down so we can discuss them on the day of your surgery. You will see me before the surgery and I will speak with you and/or your family afterwards. I answer email daily and can be reached through my email link on my website [www.AZISKS.com](http://www.AZISKS.com) . You can also reach my staff at [INFO@AZISKS.COM](mailto:INFO@AZISKS.COM).

On behalf of my staff, I thank you for allowing us to participate in your care and hope we can return you back to your full activities as soon as possible.

# AZISKS