
ARTHROSCOPIC SURGERY PATIENT INFORMATION SHEET

Not so long ago, if you needed a surgical fix for a painful jogger's knee or a tennis-traumatized shoulder, you faced several days in the hospital, six months away from sports and were left with a 4 to 6 inch scar snaking down a leg or shoulder.

Then along came arthroscopy – delicate joint microsurgery performed through many Band-Aid sized incisions often not even requiring a trip to the hospital. Arthroscopy was first developed by Dr. Watanabe of Japan in 1959. The operating arthroscope was introduced in 1977. Since that time, the proliferation of arthroscopic procedures has risen geometrically in this country. There have been striking developments in instrumentation with electrically driven instruments for shaving of abnormal tissue and small knives and scissors for cutting out torn meniscal tissue. The advent of the small, hand-held camera has also revolutionized arthroscopic surgery.

White arthroscopy is a major advance, it is not the answer for every painful or out-of-commission joint. It is often misused and there are many unrealistic expectations about how quickly someone can recuperate from such surgery.

The arthroscope is a straw-thin device equipped with a tiny lens and lighting system that allows us to look into a joint without making a major incision. Using arthroscope, we can diagnose joint problems and treat them by inserting and manipulating tiny microsurgical tools. A ¼-inch cut is made in the skin and the scope is inserted to look into the joint via a TV screen. The joint is usually expanded by instilling a saltwater solution. Several incisions are made for inserting tools and viewing from different angles. Light general anesthesia or local anesthesia can be used with the procedure taking about one hour. You are usually in the hospital for approximately four hours, though occasionally an overnight stay may be necessary.

Arthroscopy for knees – the body's most vulnerable shock absorbers and consequently the

most troublesome joints – has become the most frequently performed orthopedic procedure.

WHAT THE ARTHROSCOPE CAN DO

One of the scopes biggest advantages is improved diagnosis. Prior to the advent of arthroscopy, we relied upon arthrograms in which dye was put into the knee, plain x-rays were taken and physical exam was performed to decide the exact problem within the joint. These tests were often painful and their accuracy was not very high. The advent of magnetic resonance imaging scans have now given us a much more accurate picture, approaching 90% for meniscal tears, but there are still a multitude of other problems within the joint such as synovial plica and synovitis which is not picked up on MRI scans. Arthroscopy is also generally safer than open surgery. There is less chance of developing blood clots and scars that limit a joint's functioning or lingering stiffness. Recovery can also be quicker after arthroscopy. The reason – healing time for skin, muscles, and other soft tissues is eliminated since there is no major incision. That means the joint does not have to be immobilized as long and rehabilitation can begin sooner than after open surgery. If you face surgery to remove a torn cartilage in the knee, you may be on crutches from one to five days or maybe not at all if the damage is minor, and back to recreational sports within three to six weeks.

WHAT ARTHROSCOPY CANNOT DO

All in all, arthroscopy is probably the greatest single advance that has occurred in orthopedic surgery in 20 years.

So why has arthroscopy had recent bad press? One reason – overblown expectations for almost instant recoveries on the part of potential patients – fueled by the amazing turnarounds of several star athletes. Super athletes often can bounce back faster than the rest of us since they are in top condition prior to surgery and can devote full time to rehabilitation exercises afterwards. Second, arthroscopy is still surgery and some procedures require more healing time than others. There may be only three or four puncture marks but the

surgery inside the knee may have been quite extensive. Lateral releases and ligament reconstructions can be done through the microscope but require a longer healing period than simple arthroscopy for a torn meniscus.

A hotly debated area is how extensive scope should be used for diagnosis. Since it is still an invasive procedure, though less than open surgery, most doctors believe that a good physical exam plus non-invasive tests such as x-rays and MRI can usually save someone the risk, time, and expense of an arthroscope exam.

Initially, arthroscopy built its surgical reputation on smoothing rough surfaces and removing torn fibrils of menisci. With the advancement of the techniques, we are now expanding and refining the scope's application to include repairing torn muscles and reconstructing ligaments. The scope does not completely eliminate the usual risk of surgery such as bleeding, blood clots, infection, and damage to blood vessels or nerves as well as the anesthesia. Even in experienced hands, an average of 17 in 1000 patients suffers some type of complication according to a recent survey.

You may ask to have your pre-admission laboratory tests performed three to four days prior to your surgery. This will be arranged at the time of your history and physical visit. Arrangements will be made to have an appointment at the outpatient department. The surgery is performed with either local or general anesthetic depending upon the patient and doctor's discussion. You must not eat anything after midnight on the evening prior to surgery. You are usually discharged from the hospital the same day.

Post-operative instructions will be given on a separate sheet. You should understand that the post-operative rehabilitation varies widely between the type of surgery, and age and condition of the patient. Some people recover quickly within one week, other people take ten to twelve weeks. The average time before you are back playing tennis is approximately six weeks. Sometimes, physical therapy is prescribed as a part of the post-operative regimen, other times we can help you along with exercises you can do at home.

It is important that you check with your insurance company about any restrictions they may have regarding outpatient arthroscopic surgery. Many insurance companies require a second opinion. You are free to choose the surgeon of your choice or we will be happy to set this up for you at your request. MRI scans are not done on everyone. The decision is based on the doctor's confidence in his diagnosis preoperatively. If there is some question, then an MRI scan may be advised. The surgery is done at Boca Raton Community Hospital and usually you are discharged from the hospital within four hours from the time you arrive. You are asked to return to the office the next morning for dressing change and further instructions.

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