

SURGICAL INSTRUCTION SHEET

KNEE ARTHROSCOPY

INTRODUCTION

You are scheduled to have a knee arthroscopy or “scope”. This procedure is the most common procedure performed by an orthopedist. The major problems that often benefit from this type of surgery involve tears of the meniscal cartilage, damage to surface cartilage (chondromalacia), loose bodies, synovitis (inflammation of the lining of the knee), loose bodies and unexplained pain.

PRE-OP

Prior to your surgery you must stop eating and drinking all foods and fluids at least 12 hours prior to your surgery. Surgery may be cancelled if this rule is violated. The reason for this rule is to make sure the stomach is completely empty prior to receiving any of the anesthetic medication. These medications can make you vomit if you have anything in your stomach. You should avoid too much alcohol and reduce smoking habits as much as possible (this would be a great time to stop smoking permanently!).

GOING TO THE HOSPITAL OR SURGICAL CENTER

The final schedule for surgery is usually made out the day before. Changes due to equipment availability, patient sickness and emergencies may alter the schedule at the last moment. You should go to the surgery center 2 hours prior to the scheduled time of surgery. Please allow time for traffic and other delays. It is always best to call the surgery center prior to surgery to discover any last minute changes. If your surgery is scheduled in the late morning or afternoon you should call the surgery center 4 hours prior to your surgical time to check in. The schedule may be running slower or faster than predicted and we would very much appreciate being able to inform you about any changes.

If we can talk to you we may be able to perform your surgery sooner (which means you get to eat sooner) or later (so you may stay at home longer instead of sitting in the surgery center). The main point is to stay in touch with the surgery center and give them a number where they can call you on the day of surgery.

WHAT TO WEAR

Loose clothing is the best. You can wear gym shorts in surgery if you want.

ANESTHESIA

You will have an anesthesiologist (a medical doctor that specializes in anesthesia) meet you prior to your surgery. It is important to have a complete list of all medications and to inform the anesthesiologist of any medical or previous anesthetic problems. It is important to inform your anesthesiologist about any previous seizures; abnormal bleeding; heart, lung and liver problems; and any medicine allergies. Your anesthesiologist and I will make sure that you are comfortable and pain-free throughout your surgery and immediate post-op period. Remember that general anesthesia (your are put to sleep) is usually less risky than driving on a California freeway in rush-hour traffic!

SURGERY

You will be in the surgical suite approximately 45-60 minutes, but often your surgery often only takes about 20 minutes. It is usually performed through 2 "portals" which are skin incisions approximately ¼ inch placed just next to your kneecap. Through one of these portals the arthroscope is placed into the knee. The arthroscope is about the size of a pencil and is really a TV camera. We use this to be our eyes to see into the knee joint. With the magnification of the arthroscope we can see objects up to 60 times larger than actual size. Through the other portal, instruments are placed into the joint to remove, smooth or repair the tissues.

Surgery is not without risks. Common risks include but are not limited to possible nerve injury, infection, bleeding, allergic reaction, and very rarely death.

POST OPERATION

After surgery you will stay in the hospital for about an hour. You will need this time to recover from any drugs you may have been given. You will also be allowed to sip some water and maybe even eat some saltine crackers. These will be the best tasting crackers you have ever tasted after not eating for such a long time! You will have a large bandage on your knee. Usually you will not require the use of crutches. You will need someone to drive you home, as well as to be with you during the first 12 to 24 hours after the procedure.

At home it is important to do only what is necessary. Going to the bathroom, getting something to eat or answering the phone is all ok but otherwise try to lie down with the leg elevated. Ice may be used by

placing ice cubes in zip-lock freezer bags and packing them around the knee. Thirty minutes on then thirty minutes off while awake is reasonable. If bloody drainage appears on the bandage this is usually normal. The bandage should be shifted slightly to place clean bandage over the drainage site. Alternatively more dressings can be purchased at the drug store and added to the bandage. Pain pills and anti-inflammatory medication can be used immediately as necessary to help with any pain. It is usually better to start taking the pain pills before the pain comes so as not get "behind" the pain.

FIRST POST-OP DAY

The day following surgery may be tougher than the day of surgery. The numbing medicine may wear off and there may be more pain. The bandages may be removed and if there is no drainage from any of the portal sites and you may take a shower directly over the skin. Submerging the knee in a bath or a hot tub should be avoided until the wounds are completely healed (usually 10 days).

FOLLOW-UP APPOINTMENT

Please call the office before surgery to make follow-up appointment. I need to see you 1-4 days after surgery. At this appointment we will discuss your surgery and check your wounds. Physical therapy will be started after this first post-op appointment. Please bring your operative pictures and knee diagram that were given to you at the surgery center so that we may discuss them with you.

THINGS TO WATCH OUT FOR AND CALL ME

Remember that surgery is not painless. Try to take your pain pills as directed even before the pain comes. Severe pain is unusual and is something you should call me so we can discuss the options.

Nausea and vomiting are very common post-op problems. Try and minimize the use of the pain medication other than Tylenol and motrin. All codine products can make you nauseated. After general anesthesia you are even more susceptible. Diet should be advanced slowly beginning with soup and crackers.

CHECK LIST

BEFORE SURGERY

_____ I KNOW WHERE TO GO

_____ I KNOW WHEN TO GO THERE

_____ I MADE MY POST-OP APPOINTMENT 1-4 DAYS AFTER SURGERY

_____ I HAVE CHECKED WITH MY INSURANCE COMPANY

DAY BEFORE SURGERY

_____ I CONFIRMED MY SURGICAL TIME BY CALLING THE SURGICENTER

_____ I GAVE THE SURGICENTER A PHONE NUMBER WHERE I CAN BE REACHED

_____ I STOPPED DRINKING AND EATING AT MIDNIGHT BEFORE SURGERY

OR AS INSTRUCTED

SURGERY DATE

_____ I AM WEARING LOOSE CLOTHING

_____ I AM TOTALLY RELAXED AND EXCITED ABOUT THE PROSPECT OF
GETTING BETTER!

_____ I WILL TRY AND STAY OFF MY KNEE, ICE, ELEVATE AND TAKE MY
MEDICINE AFTER SURGERY

POST-OP DAY NUMBER ONE

_____ I HAVE TAKEN OFF MY DRESSING AND LOOKED AT THE WOUND

_____ I MAY SHOWER DIRECTLY OVER THE SKIN THERE IS NO DRAINAGE

_____ IF THERE IS STILL DRAINAGE I WILL PLACE A NEW DRESSING OR
BAND-AIDE OVER THE PORTAL WHICH IS DRAINING

_____ I WILL MAKE A POST-OP APPOINTMENT WITH DR. KING IF NOT
ALREADY DONE

_____ I AM STILL EXCITED ABOUT GETTING BETER AND RELIEVED THAT
THE SURGERY IS OVER!

USEFUL PHONE NUMBERS

FREMONT SURGICAL CENTER 510-792-2887

RAMONA SANTO (Surgical Coordinator)

Palo Alto (Tues and Thrus) 650-853-2943

Sunnyvale (Mon & Wed) 408-732-0600

EMERGENCY

PALO ALTO MEDICAL CLINIC 650-321-4121

DR. KING'S PAGER 650-694-8094

LAUREL GREENFIELD'S P.A. PAGER 650-845-1445