ARTHROSCOPY

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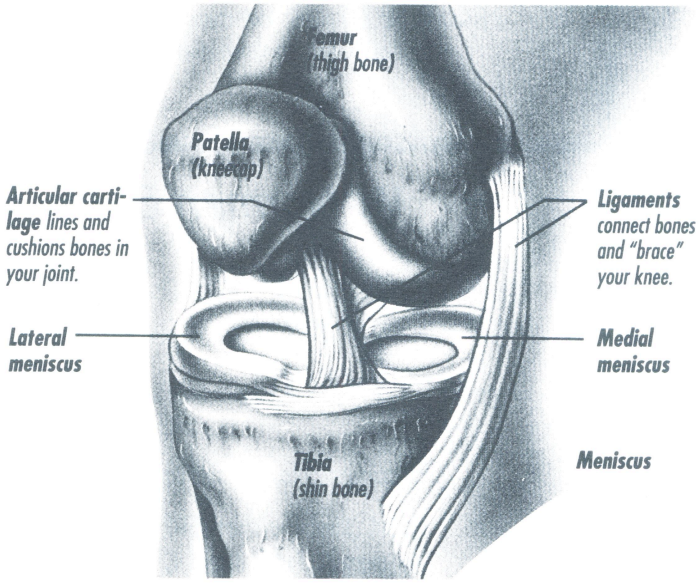
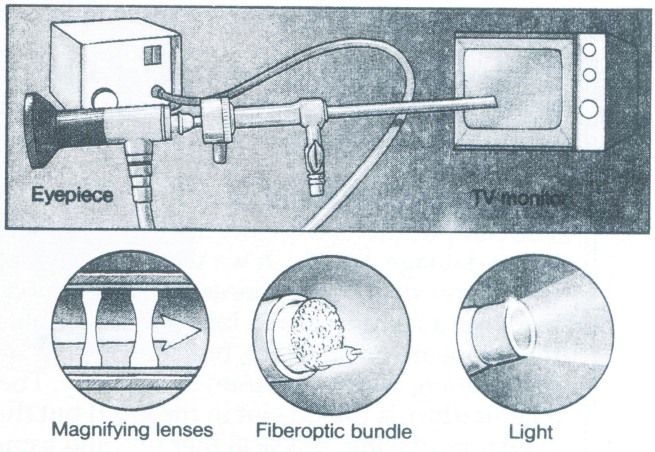
THE PROBLEM KNEE

Today's active lifestyles can ask too much of our knees. Athletes often suffer knee injuries from a sudden blow or fall, or simply by twisting. Women are particularly prone to kneecap problems, while older adults may have trouble from aging joints. Many knee problems arise from damage to the soft tissues – the cartilage and ligaments – inside the joint. Until recently, these problems could not always be easily diagnosed.

Knee Anatomy

The knee is a hinge joint connecting the upper and lower leg bones. Articular cartilage covers the ends of these bones and the underside of the patella (kneecap). The lateral and medial menisci are cushions of cartilage between the bones. Ligaments and quadriceps muscles give the knee stability and strength.





The Arthroscope

Fiber optic technology has led to the creation of the arthroscope, an instrument that allows the doctor to look directly into the knee and diagnose most problems. The arthroscope shaft (about the thickness of a knitting needle) contains coated glass fibers and a series of magnifying lenses that beam an intense, cool light into the joint and

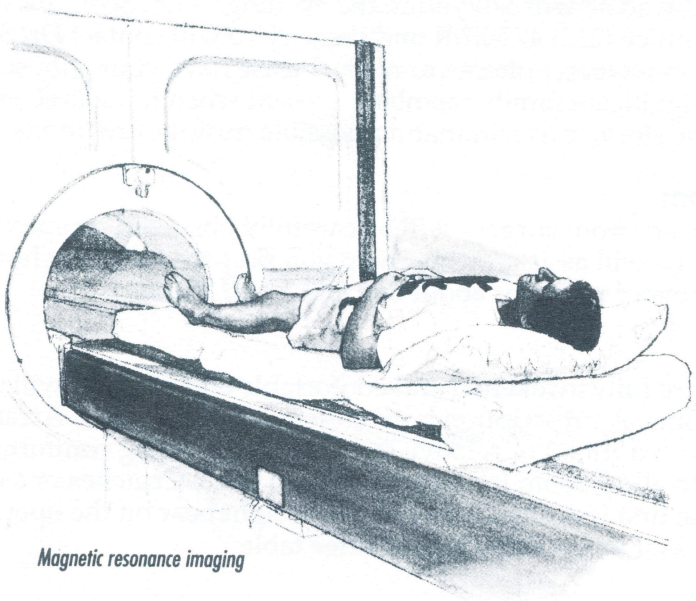
relay a magnified image to the viewer. Looking at a TV monitor, Dr. Scott has a clear view and access to most areas of the joint.

Orthopaedic Evaluation

Because the knee is vulnerable to soft-tissue and other injury, the doctor sees a large number of knee problems. Before treatment, the doctor needs an accurate diagnosis, usually based on a history, physical exam, X-rays, and Magnetic Resonance Imaging (MRI), if appropriate. With arthroscopy, the doctor can make a diagnosis and surgically treat it at the same time.

X-rays: To determine abnormal bone anatomy, loose bodies, foreign bodies and arthritis. This cannot visualize ligament or soft tissue.

MRI: Creates images without radiation by using a magnetic field and radio waves. Visualizes ligaments, menisci, and other soft tissue.



Magnetic resonance imaging

Arthroscopy

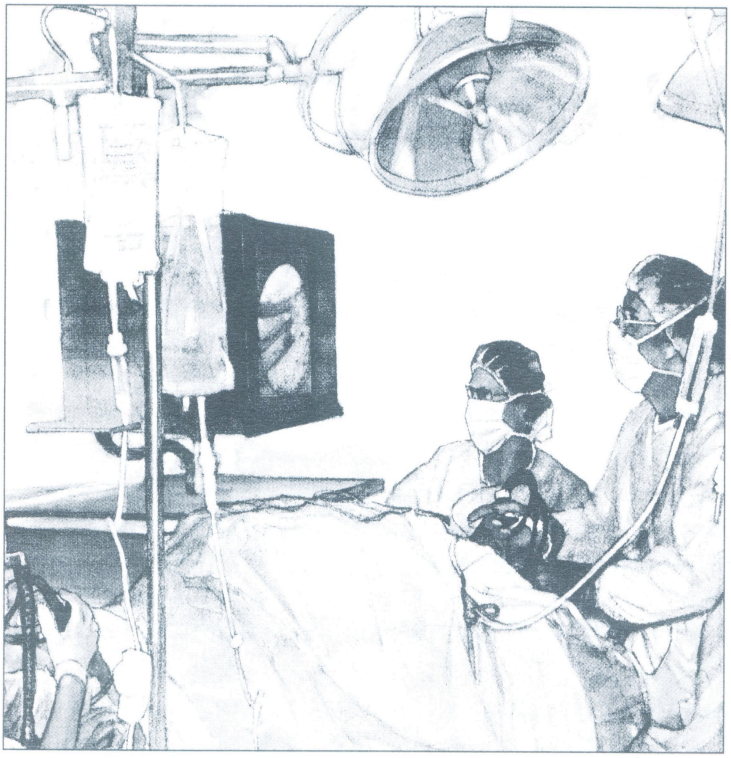
Until the advent of the arthroscope, the orthopaedic surgeon was unable to directly identify many knee problems. In order to diagnose and treat a problem knee, the surgeon had to make large incisions and required hospitalization and prolonged recovery. The arthroscope is inserted through tiny incisions and requires no hospitalization. Diagnostic arthroscopy is done in conjunction with surgical arthroscopy. Micro-surgical instruments can be inserted through separate portals to perform the operation. Problems requiring major knee repair or suturing may require open surgery.

Common Injuries Corrected by Arthroscopy

The doctor can correct meniscus injuries, ligament tears, patella problems, and early stages of arthritis that include removal of loose bodies.

Risk and Complications

The complications with any arthroscopy include infection (less that 1%); nerve damage, by which we would mean a peroneal palsy (less that 0.1%) (small area of skin numbness are so common, we do not consider their presence a complication); injury to the popliteal artery, which is so rare that there are no statistics, but should it occur could theoretically lead to amputation, which is extremely unlikely. There is often a chance of getting a hemarthrosis (blood clot in the joint) but this usually resolves with local measures of icing, physical therapy, and aspiration. Reflex Sympathetic Dystrophy (RSD) means that the patient has a painful stiff joint that is out of proportion to the objective pathology of the knee. Subsequently, it might require years of physical therapy before one regains a functional knee with RSD. Infrapatellar contracture syndrome (stiff joint) is sometimes reported and associated with an RSD, but it is usually a result of not being aggressive in physical therapy.



Anesthesia

Many patients often ask, "Why can't my surgery be done under local anesthesia?" The reason we do not like to use local anesthesia is two-fold: We use a tourniquet for the arthroscopic procedure to minimize blood loss and local anesthesia will not eliminate the significant discomfort from the tourniquet. The second reason is the local injection cannot guarantee total elimination of pain during the surgery. There are often "blind spots" which do not get anesthetized during local injections resulting in inadequate pain control. As for the preferred choice of anesthesia- it is general anesthesia, but you are not usually intubated. You are given a light intravenous sedation and anesthetic agents, which minimize any adverse response to general anesthesia. We once again encourage you to call the anesthesia department at (212) 434-2878/434-2890 with any questions regarding anesthesia.

Following Surgery

The small incisions will be stitched and the knee bandaged. Once you are home ice the knee as much as possible to bring the swelling down and alleviate discomfort. If you do not feel the cold through your bandages, you may remove the bandages that evening. The doctor will call you in the evening. The doctor usually does not speak to the patient right after surgery because the patient is often groggy and won't remember much of the conversation so he will call you in the

evening. If the doctor does not call you by 9pm, call the office at (212) 434-4301 and the service will contact the doctor (he may have an incorrect phone number). Please have your spouse, parents, and other significant family members present when he calls so everyone can hear the same story, thus eliminating possible misinterpretations.

Recovery Room

Specially trained nurses who will assist you and help you prepare for going home will carefully observe your initial recovery from surgery. You will be in the recovery room for about one and half-hours.

Going Home

As soon as you are fully awakened and comfortable enough, you will be allowed to go home. Prescriptions for physical therapy, anti-inflammatories and pain relievers are given to you at this point. Please make arrangements in advance to have an escort to take you home or else you will not be discharged as per hospital policy. Bring comfortable clothing to wear to allow room for your bandaged knee. A cane will be given to you to help you out the first day. You will be encouraged to try not to use the cane the next day and go back to your day-to-day walking activity. You can full-weight bear on the operated knee. It may feel as if you walked and bumped your knee with the end of a coffee table.

Home Recovery

- Be prepared to experience some swelling for the first few weeks. This is normal and a reflection of the fluid in your knee at the time of arthroscopy.
- Do not mix pain medication with alcohol. Remove the dressing that night or the following morning.
- You may shower and swim the next day. Swim for about a half-hour a day if you have access to a pool.
- Stationary bicycle with the seat elevated and the tension minimal; ride for about a half-hour a day. Increase the resistance by about 5-10 pounds every day.

No Impact Activities are Acceptable

- **NO** running immediately. Keep your leg elevated as much as possible when seated. Sleep with two pillows under your ankle. **Never place anything under the knee!**
- Ice the knee as soon as possible and as much as possible. You will notice that the sooner you bring the swelling down, the faster you will rehabilitate and pain will be kept to a minimum. Icing often works better than medication for pain.
- As soon as you get home, please call the doctor's office at (212) 434-4301 to schedule your post-op appointment, which takes place three (3) weeks after surgery. Your sutures will be removed at that time and your knee will be checked for range of motion.
- Your first few meals should include light easily digestible foods with plenty of fluids.

You may return to work as early as the next day.

PREOPERATIVE INSTRUCTIONS FOR INPATIENTS

1. Please inform our office of any **ALLERGIES** you may have, especially allergies to LATEX!

2. **DO NOT EAT** solid foods or drink liquids after midnight prior to your surgery. You must have **NOTHING** by mouth; this includes water and coffee. These instructions are for your safety.

3. Please bathe or shower the night before or morning of your surgery.

4. Get a good night's rest before your surgery.

5. Wear loose, casual clothing; leaving all jewelry and valuables such as watches, rings, cash, cellular telephones, etc., at home. The hospital will not be responsible for the loss of any valuables. If possible wear glasses instead of contact lenses.

6. Notify your physician if there is any change in your physical condition prior to your surgery day, such as a cold, fever, or infection. **If you are on any prescription or non prescription medications please discuss taking them prior to surgery with your Primary Care Physician**.

7. Please avoid **aspirin, anti-inflammatories and vitamin supplements 1-2 weeks PRIOR to surgery**.

8. The Admitting Office will call you the evening before your admission date to reconfirm the time of your surgery and admission. **If you do not hear from the Admitting Office, or you will not be home in the evening, please call 212-434-3180 by 9:00pm to confirm your admission**.

9. Visiting hours are 11:00 am to 8:00 pm.

11. On the day of your procedure you should go to the **Admitting Reception Desk located on the 1st floor. Friends and family can wait on either the 1st or 10th floor, depending where you are taken for surgery. There is a cafeteria on the 2nd floor**.

12. You will need a responsible escort to take you home once you are discharged. **DISCHARGE TIME IS 10:00AM**

13. Please remember to call the doctor's office the day after surgery to schedule your 3 week post-op visit.

Patients with Orthopaedic Conditions must have shoes at all times while in the hospital.

⇒ Shoes should be closed and have a rubber or non-skid sole (loafers, tennis shoes or oxfords).

⇒ Shoes should be loose enough to allow for some swelling that is normal after surgery/injury.

Shoes are to be worn when standing,
Moving to a chair, going to the bathroom
or walking.

Patients are not to walk barefoot, with
slippers or with slipper socks.

This policy is enforced to improve postural alignment, protect against environmental hazards and to meet infection control standards.

*If you have been admitted as an emergency and do not have shoes with you, you should contact a family member or friend to bring shoes in for you.

INSALL SCOTT KELLY® INSTITUTE FOR ORTHOPAEDICS & SPORTS MEDICINE
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All patients anticipating surgery must stop the use of all sources of aspirin. Aspirin is a very strong anticoagulant, which causes profound bleeding problems in normal individuals. Therefore, you must not take aspirin or any aspirin-containing product for 2 weeks before surgery.

The following are only a few of many aspirin-containing compounds to be avoided:

Alka Seltzer
Anacin
A.P.C.
Ascodeen-30
Ascriptin
Aspirin
Aspirin Suppositories
Bayer Aspirin
BC Powders
Buff-a-Comp
Buffadyne
Bufferin
Butalbital
Cama-Inlay Tabs
Cheracol Capsules
Congespirin
Cope
Coricidin
Darvon Compound
Dristan
Duragesic
Ecotrin
Emprazil
Empirin
Equagesic
Excedrin
Fiorinal
Indocin
Measurin
Midol
Monacet with Codeine
Motrin
Naprosyn
Norgesic
Pepto Bismol
Percodan
Pabrin Buff. Tabs
Panalgesic
Persistin
Robaxisal
Sine-Aid
Sine-Off
SK-65-Compound
Stendin
Stero-Darvon ASA
Supac
Synalogos Caps.
Synalogos D.C.
Tolectin
Triaminicin
Vanquish
Zomax

If you must take something for headache, menstrual cramps or other aches and pains, you may take TYLENOL (as directed) for the two weeks prior to your surgery.

The following are some aspirin-containing topical medications to be avoided:

Absorbent Rub
Absorbine Arthritic
Absorbine Jr.
Act-On-Rub
Analbalm
Analgesic Balm
Antiphlogistine
Arthralgan
Aspercreme
Banalg
Baumodyhne
Ben Gay
Ben Gay Ex. Str. Balm
Ben Gay Gel
Ben Gay Greaseless/
Stainless Ointment
Ben Gay
Children's
Braska
Counterpain Rub
Dencorub
Doan's Rub
Emul-O-Balm
End-Ake
Exocaine Plus
Exocaine Tube
Heet
Icy Hot
Infra-Rub
Lini-Balm
Mentholatum &
Deep Heating
Minit-Rub
Musterole Deep Strength,,
Reg., Extra &
Neurabalm
Oil-O-Sol
Omega Dil
Panalgesic
Rid-A-Pain
Rumarub
Sloan's
Soltice Hi-Therm
Soltice Quick Rub
SPD
Stimurub
Surin
Yager's Liniment
Zemo Liquid
Zemo Liquid Ex. Str.
Zemo Oitment

Your cooperation can help us avoid bleeding complications.

W. Norman Scott, M.D.

W. Norman Scott, M.D. is Clinical Professor of Orthopaedic Surgery at Albert Esinstein College of Medicine, Associate Attending Orthopaedic Surgeon at Lenox Hill Hospital and North Shore LIJ Heath System, and a founding Director of Insall Scott Kelly. He has served as the team physician for the New York Knicks from 1978 -2005 and was an orthopaedic consultant for the NY Liberty from 1997-2005. He was the previous team physician for the New York Rangers from 1980-1987, and the 1992 US Olympic Basketball Team. He also served as the Head Physician for the 79th Professional Golfer's Assocation (PGA) Championship in 1997, the 1993 US Open (USGA), and the 1990 Curtiss Cup.

Dr Scott is a founding member and past President of the Knee Society and is active in many professional organizations. He is also the past president of the NBA Physicians Association. He serves as a member on the Editorial Advisory board of the Journal of Arthroplasty.

A frequent lecturer (over 200 presentations) and publisher (over 100 peer reviewed scientific articles and 12 books), Dr. Scott has extensive experience in orthopaedic research. Both his publications and presentations are in the area of Sports Medicine and adult knee reconstruction

FRED D. CUSHNER, M.D.

Dr. Fred D. Cushner received his B.S. from Syracuse University and his M.D. from the Medical University of South Carolina. He remained at the Medical University of South Carolina to perform his internship and residency in orthopaedic surgery. Dr. Cushner completed his fellowship in knee reconstruction and sports medicine at the Insall Scott Kelly Institute, Beth Israel Medical Center in New York and has remained on staff.

Currently, he is a director of the Insall Scott Kelly Orthopaedics and an associate clinical professor at the Albert Einstein College of Medicine. Dr. Cushner is active in sports medicine serving as a team physician for the New York Knickerbockers since 1993. He has been the team physician for the New York City Hawks, the XFL team the New York/New Jersey Hitmen, and has served as event chairman to the medical committee for the 1997 PGA Championship.

Dr. Cushner is a member of many professional societies including Professional Team Physicians, the American Academy of Hip and Knee Surgeons and New York Bone and Joint. He has a special interest in cartilage injuries of the knee and completed training in Sweden for cartilage reimplantation. He is also active in the area of bloodless surgery. Dr. Cushner is a frequent lecturer, author of multiple publications, and very active in clinical research.