

WNY Knee and Orthopedic Surgery PC

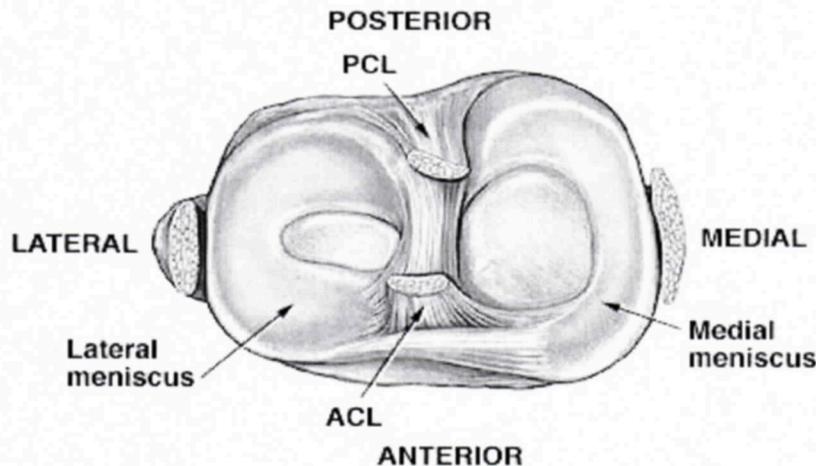
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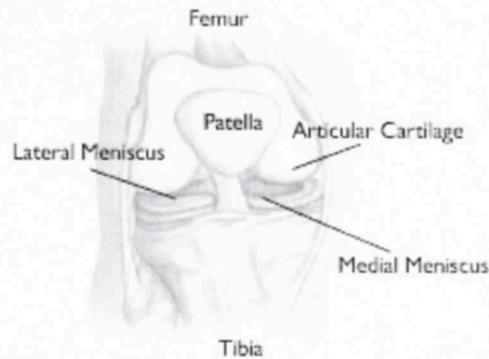
Knee Arthroscopy for Meniscus tears

Arthroscopy is a common surgical procedure in which a joint (arthro-) is viewed (-scopy) using a small camera. Arthroscopy allows a clear view of the inside of the knee. This allows Dr Parentis to diagnose and treat various knee problems, including tears of the medial and lateral meniscus. The procedure is done to relieve pain caused by a meniscus tear. The meniscus is generally is generally debrided or cleaned up, rather than repaired because it does not have a good blood supply which is required to heal.

Description



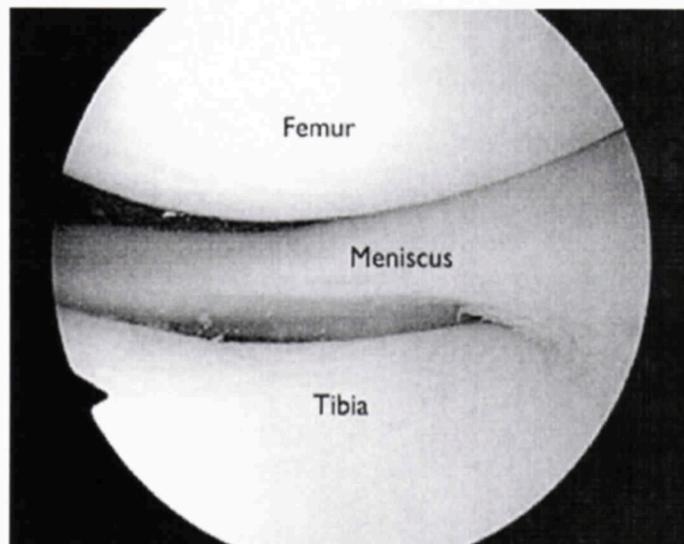
The decision to move ahead with knee arthroscopy is purely an elective one. Although we know the tear will not heal it will also not damage your knee. You can certainly live with the tear or consider other options such as NSAIDS, PT, bracing, steroid injections, and/or activity modification.

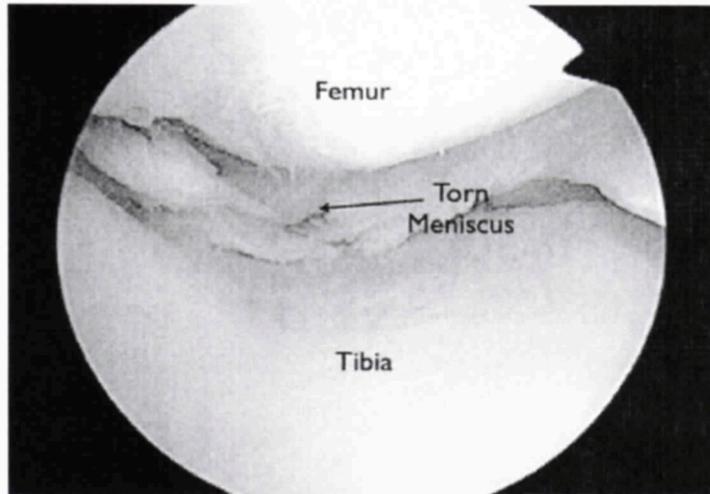


Procedure:

Dr. Parentis will place the arthroscope (a small camera instrument about the size of a pencil) into your knee joint through 2 small incisions. The arthroscope sends the images of the inside of the knee to a television monitor; Dr. Parentis can see the structures of the knee in great detail. Dr. Parentis will then evaluate the entire knee including the medial and lateral meniscus; the ACL; the PCL, and all of the cartilage surfaces.

The meniscus is a fibrocartilage in shape and only 25% of the meniscus has blood supply. This is why most meniscus tears are not repairable. Dr. Parentis will likely debride (clean up) the tear but leave as much possible. He can also debride or clean up arthritis which is what we call chondroplasty. Arthritis is degeneration or wear of the cartilage. However arthroscopy is not very successful as a treatment for arthritis. In fact, success rates for arthritis when arthroscopy is done to treat it are at best 50%. On the other hand arthroscopy for meniscal tears is 90-95% successful.





Preparing for Surgery

If you decide to have knee arthroscopy, you may need a complete physical examination, as well as blood work, EKG, and chest x-ray with your family physician before surgery. They will assess your health and identify any problems that could interfere with your surgery. If you are over 50 years of age or have any major medical problems you will need to have clearance.

Before surgery, if you are taking **Plavix, Pradaxa, Coumadin**, or any other blood thinners you will need to stop taking them before surgery. Please notify us if you are taking any of these. You may continue to take **Aspirin** normally. **PLEASE NOTIFY US IMMEDIATELY IF YOU HAVE A HISTORY OF DVT, BLOOD CLOT, OR PULMONARY EMBOLISM.**

The Procedure

The knee arthroscopy is done on an outpatient basis. We will perform the surgery at the Ambulatory Surgical Center of WNY on Sheridan Drive near Boulevard Mall. The phone number there is (716) 831-9435. The address is: 3112 Sheridan Drive Amherst NY 14226.

Arrival

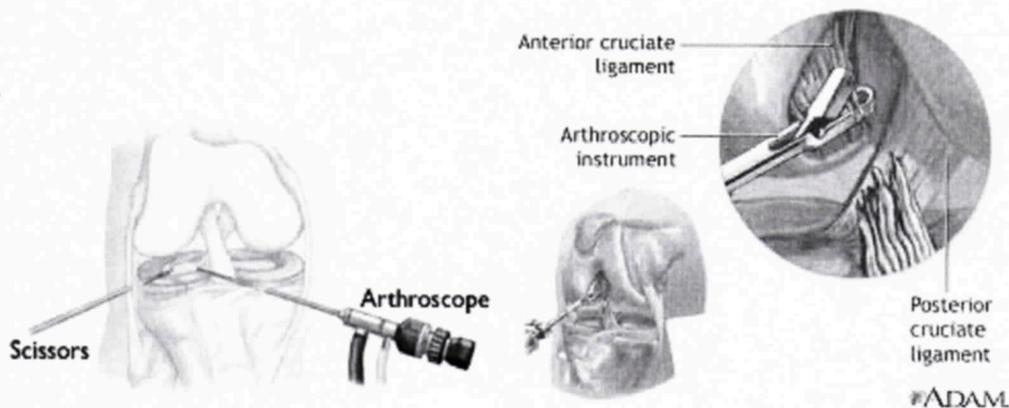
The Ambulatory Surgical Center of WNY will contact you with specific details about your appointment time. **Be prepared for this to change the day of your surgery!!!!!!** You will likely be asked to arrive at the Surgical Center on Sheridan Drive an hour or two before your surgery. **Do not eat or drink anything after midnight the night before your surgery. IF YOU DO EAT OR DRINK YOUR SURGERY WILL BE CANCELLED!**

Anesthesia

When you arrive for surgery, a member of the anesthesia team will talk with you. Arthroscopy is performed under a light anesthesia. We do not perform this surgery with local or sedation.

Procedure

Dr Parentis will make two small incisions in your knee. Saline is then used to fill the knee joint and rinse away any cloudy fluid. This helps Dr. Parentis see your knee clearly and in great detail.



Dr Parentis will then insert the arthroscope and use the image projected on the screen to guide the procedure. If surgical treatment is needed, he will then insert tiny instruments through the other small incision to debride the meniscus tear. These instruments are usually a scissor type of tool or shaver used to bite away torn meniscus.

This part of the procedure usually lasts 20 to 30 minutes. The surgery could certainly be longer based on the pathology inside your knee.

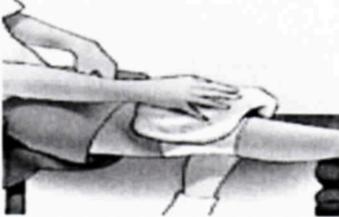
We will then close each incision with one stitch and cover them with gauze, cotton, and an ace bandage. **You are not to take the bandage off until you see our physical therapist.** If the ace bandage is too tight you may loosen it to make it more comfortable. You may get a small amount of bloody drainage with this, which is actually saline and is not concerning. If the drainage is excessive please call the office.

You will be moved to the recovery room and should go home in approx 30 minutes. You must have someone with you to drive you home. It is against New York State Law to drive yourself after receiving anesthesia.

You will be able to bear full weight. You will ride a small stationary bike on the recovery area before leaving. You are able to use stairs. You will not need crutches.

Swelling

Ice is probable the most important aspect of your post operate treatment. Apply the ice 30 minutes on and 10 minutes off. Ice will be helpful for up to 2 weeks after the procedure.



Recovery

Once you go to physical therapy your dressing will be removed. You can then cover the 2 incisions with waterproof band-aids to shower for the first week. If the incisions are dry they can be left open to air during the 1st week. They must stay on for 1 week. Recovery from knee arthroscopy is much faster than recovery from traditional open knee surgery. This is due to the smaller incisions and tools use. It is also directly related to your Physical Therapy.

Physical Therapy

We highly advise you to attend physical therapy at our location in Orchard Park or in Williamsville location only!!! The Orchard Park phone # is 716-508-8252 and the Williamsville phone # is 716-839-5858. We have a very acceleration PT program and feel strongly that you will do better with our therapist that understands our protocol. We also work with them closely on a daily basis and are available if any issues arise.

Dressing care

You will leave the Surgical Center with a dressing covering the knees as well as ace bandages. **DO NOT CHANGE THEM UNTIL YOU SEE OUR THERAPIST!!!!**
You may loosen the ace bandage if it is too tight but do not remove the cotton dressing.

Driving

You can drive the day after your surgery. You may find the knee to be stiff the day after so a driver may be helpful.

Medications

Dr Parentis will prescribe Tylenol with Codeine for you after the surgery. If you have an allergy to Codeine or Tylenol please tell us before the procedure. We will suggest either Ibuprofen or Aleve for pain. We suggest that you use narcotics as little as possible. NSAIDS's such as ibuprofen (Advil or Motrin) or Aleve (naproxen) work very well for pain and swelling for this procedure. We will only refill the narcotic if necessary after the procedure.

Complications and Warning Signs

As with any surgery, there are risks associated with knee arthroscopy. These occur infrequently but certainly can occur. These are included in our informed consent sheets which you must review and **bring with you** to you procedure.

Complications

Potential postoperative problems with knee arthroscopy for meniscal tears include but are not limited to:

- Infection- this may require more surgery to wash out the knee
- Blood clots-DVT or PE can be **life threatening**.
- Accumulation of blood in the knee-Hematoma may require more surgery
- Stiffness- This would require a manipulation
- Re-tear of the meniscus-which may require more surgery
- Worsening of any arthritis you may have before surgery causing more pain
- Wound healing problems
- Development of arthritis following surgery
- Continued pain after surgery or failure to relieve symptoms
- Need for another surgery

- Development of Avascular Necrosis-collapse of the knee cartilage and bone
- **Smokers**-We suggest you quit smoking immediately. Smoking increases all of these risks 20-30x, especially infections and failure to heal.
- **Diabetes**-Your risk for infection, wound problem, and poor healing are directly related to your blood glucose control. The better your glucose control the less risk you are for complications.

Warning Signs

Call our office **IMMEDIATELY** if you experience any of the following:

- Fever over 100
- Chills
- Persistent warmth or redness around the knee after your dressing is off
- Persistent or increase pain
- Significant swelling of your knee
- Increasing pain in your calf muscle
- Odor

Outcome

The majority of patients are able to return to regular activities after 2-6 weeks. Higher impact activities may need to be avoided for 6-8 weeks. Most patients can return to a desk job in 7 days or less and a more physical job in 4-8 weeks.

Most patients do very well with Knee Arthroscopy for meniscal tears. The general success rate is 90%. However, if you have arthritis (wearing or loss of cartilage) this can have a significant effect on your results. Arthroscopy is only 50% successful, at best, when done for arthritis. We can certainly cleanup the worn cartilage but this is not very successful. Please remember knee arthroscopy is a purely elective decision and is done for quality of life reasons. If you have any questions regarding anything about your procedure or this handout please call us.