KNEE ARTHROSCOPY: RAPID RECOVERY TIMELINE

Introduction: Arthroscopic knee surgery is an endoscopic outpatient procedure that is truly minimally invasive in its nature. It is performed through puncture wounds that can vary in number depending on the nature of the problem and extent of the surgery. The surgeon visualizes the interior of the knee by use of an arthroscopic camera connected to a TV monitor and inserted through a pencil size diameter tube into the joint through one of the puncture wounds. The actual surgical instruments are inserted through other puncture wounds strategically positioned to gain access to the pathology present inside the knee.

Time of Surgery: The operative time length can vary from just a few minutes to over an hour depending on the nature of the problem and complexity of the problem.

Type of Problems Treated: Common problems amenable to arthroscopic treatment include repairing or trimming torn meniscal cartilage, removal of loose fragments of bone and cartilage, smoothing of arthritic lesions of the surface cartilage, and ACL reconstruction.

Time on Crutches: Though immediate weight bearing is permitted, it should be minimized. Crutch use is recommended and the knee should be elevated and iced for the first couple of days post op till initial swelling subsides. Disregard of this generally does not damage the joint but instead can lead to increased post op swelling and pain delaying full recovery. The crutches may be discarded as soon as the swelling has subsided, usually by the 2\textsuperscript{nd} to 4\textsuperscript{th} day after surgery.

Dressing Change: Change the dressing the morning after surgery. Put band-aids on the puncture wounds. Occasionally there may be enough drainage so as to require the use of gauze sponge dressings under an Ace bandage for a few hours.

Pain Management: Narcotic pain medication will be prescribed. Healthy patients may take two pills if necessary when the local anesthesia wears off several hours after surgery.

Infection Prevention: Usually 24 hours of an antibiotic will be prescribed to help prevent infection.

Blood Clot Prevention: Most patients are advised to take an 81 mg. “baby” aspirin to lessen the risk of deep venous thrombophlebitis (blood clots). The actual risk of this complication is very low after knee arthroscopy. The use of aspirin is simply an effort to even further lessen the risk.

Showering Postoperatively: Showering is permitted on the third post op day if all drainage has stopped. If it has not, the wound needs be kept dry till it has.

Return Follow Up Office Visit: A return office follow up appointment is recommended within 5 – 7 days post operatively.
**Physical Therapy:** Usually a single visit to a therapist suffices to learn proper rehabilitation exercises so as to strengthen the leg while not aggravating the underlying condition being treated.

**Return to Driving:** A patient may return to driving when full use of the leg has returned and the car can be safely handled. Patients undergoing left knee surgery generally can return more quickly. Depending on the extent of surgery and subsequent swelling and pain, time till return to driving can vary from just a few days to several weeks.

**Return to Work / Sports:** The timing of return to full activity also varies depending on the extent of the surgical procedure performed. Patients undergoing relatively minor surgery can return to work and sports after only a couple of weeks. More major arthroscopic procedures may take as much as 6 – 8 weeks for a full return. The demands of work and / or sport obviously have and impact on timing. Patients returning to sedentary jobs can return after only a few days. More physical jobs can take several weeks.