

What is a knee arthroscopy?

Also known as a “scope,” arthroscopy is a common outpatient surgical procedure using a small camera to look inside the knee through a few small incisions. In surgery, your orthopaedic surgeon inserts a small camera instrument (an arthroscope) inside your knee joint. The inside of your knee will be displayed on a monitor for your surgeon to see.

Why do I need a knee arthroscopy?

The most common reasons for a knee arthroscopy are:

- Removal or repair of torn meniscal cartilage
- Trimming of torn pieces of articular cartilage
- Removal of loose fragments of bone or cartilage
- Removal of inflamed synovial tissue
- Reconstruction of a torn anterior cruciate ligament or ACL (performed primarily by a sports medicine doctor)

Meniscal injuries can result from traumatic injuries or, in older adults, meniscal tears can be from degeneration. As we age, our cartilage becomes weak and thins, increasing chance of tearing.

Frequently Asked Questions

Where are my stitches?

Due to the small size of the holes created during the procedure, stitches are not necessary and by not using them, helps reduce scarring.

How long will my surgery take?

Typically, the surgery itself takes between 15-30 minutes, depending on what Dr. Bal must treat. After surgery, patients are taken to the recovery room, where they stay for approximately one hour before being discharged home.

How will I find out what Dr. Bal found during surgery?

Immediately following surgery, Dr. Bal will call your family to update them of his findings. Patients also return to clinic in approximately 2 weeks from surgery for follow-up with Dr. Bal to discuss findings.

How will I control my pain after surgery?

You will likely be given a prescription for a narcotic pain medication to be used as needed following surgery.

Will I need to use crutches/a walker?

For safety reasons, we ask you use crutches or a walker following surgery. Once you feel comfortable, you may walk without an assistive device.

When can I drive after surgery?

You should not drive while you are taking narcotic pain medication or drive a manual transmission due to the movements required. Upon completion of pain medication, you may drive when you feel it is safe.

When can I return to work?

This varies depending on occupation. Speak with Dr. Bal or his staff prior to surgery to determine.

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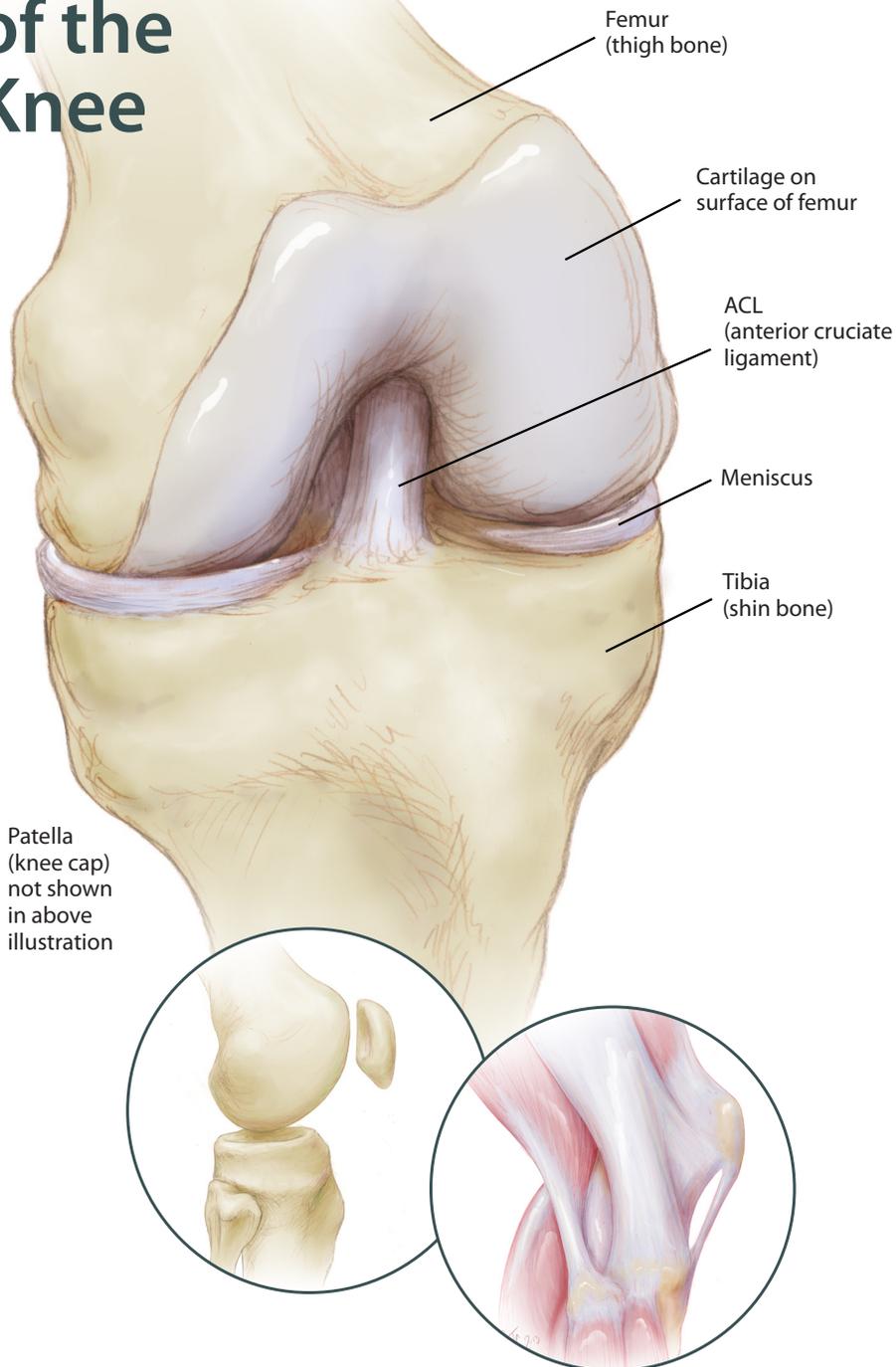
HIP AND KNEE
B. SONNY BAL, MD, JD, MBA

Knee Arthroscopy at the Missouri Orthopaedic Institute

 Missouri
Orthopaedic Institute

University of Missouri Health Care

Anatomy of the Knee



When should I call the doctor?

Call 573-882-6762 if you have any of the following symptoms:

- Cold, blue, or numb toes
- Continued bleeding that soaks through the bandage and does not stop with compression and elevation
- Fever above 101.5°F or chills
- Pain not controlled by pain medicine
- Severe pain or swelling in the calf
- Nausea or vomiting
- Itching or rash

What do I need to do before surgery?

- Closer to surgery, a nurse from our pre-op clinic will call you to discuss your medical history and your current medications. They will instruct on what medications to continue and what medications to stop the morning of surgery.
- Our operating room department will call you the business day before your surgery to tell you what time to show up on surgery day.
- If possible, keep the injured knee as strong as possible prior to surgery. This will help with your recovery.

What do I need to do after surgery?

- The most important thing to do after surgery is to reduce the swelling. You can help yourself by resting, elevating the knee above your heart, icing off and on every 20 minutes, keeping the ACE wrap on until 2 days after surgery for compression, and taking a non-steroidal anti-inflammatory medication like Ibuprofen, Motrin, or Aleve if you can tolerate them. You can usually put weight as tolerated on your surgery leg after a few days of resting.
- Most will not need physical therapy after surgery. If needed, Dr. Bal will write a prescription for outpatient physical therapy for you.
- Most can return to normal activity after 1-2 weeks.
- You will be given a prescription for pain medication to be taken as needed. You should not drive while taking this medication.
- A follow-up appointment will be made for you the day of surgery for 2 weeks later.