

Knee Arthroscopy — Pre-Operative Patient Guide

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Meniscus Tear, Cartilage Wear, Loose Bodies, and Scar Tissue or Inflamed Joint Lining

Your Condition & Procedure

The condition

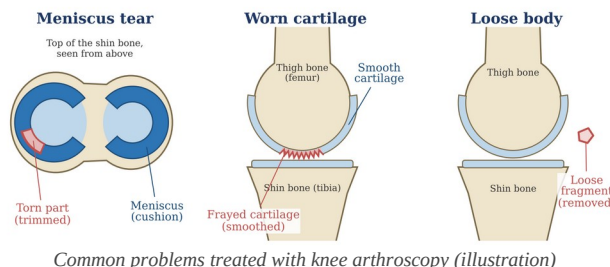
The knee has two **menisci** (C-shaped cushions between the bones) and smooth **articular cartilage** on the bone ends. A meniscus can tear, cartilage can fray, small pieces (**loose bodies**) can break free, and the joint lining can become inflamed or scarred, causing pain, swelling, catching or locking, and stiffness.

The surgery

Knee arthroscopy is a minimally invasive, typically outpatient surgery done through a few small incisions using a camera and small instruments. Depending on what is found, your surgeon may trim the torn part of a meniscus (**partial meniscectomy**), smooth frayed cartilage (**chondroplasty**), remove loose bodies, and remove inflamed joint lining or scar tissue (**synovectomy / lysis of adhesions**). The final plan is determined during surgery.

Risks & benefits

Benefits: Most patients have less pain, swelling, and catching, and return to usual activities. **Risks** are uncommon and include infection, blood clots, lingering swelling, numbness near incisions, incomplete relief or return of symptoms (more likely with arthritis), joint wear over time, scar tissue returning, injury to nearby structures (such as nerves, blood vessels, or cartilage), stiffness, persistent pain, and the need for further surgery. These will be reviewed with you in detail before surgery.



Common problems treated with knee arthroscopy (illustration)

Before Surgery

- **Medications:** We will tell you what to stop and when (e.g., blood thinners, anti-inflammatories, some supplements, weight-loss injections).
- **Fasting:** Follow the instructions from your surgery coordinator/facility. In general, you should have nothing to eat or drink starting at midnight the night before surgery.
- **Nicotine:** Stop all nicotine products—they slow healing.
- **Equipment:** Crutches are typically arranged beforehand; a brace is usually not needed. Practice with crutches.
- **Physical therapy:** Schedule your first visit for within about a week after surgery.
- **Home:** Plan for a helper at first and remove trip hazards.
- **Medical history:** Let us know if you or anyone in your family has a history of blood clot disorders or a malignant hyperthermia reaction to anesthesia.
- **Health:** Call us if you develop a fever, illness, or skin problem near the knee.

Day of Surgery

- If instructed, take blood pressure/heart medications with a small sip of water.
- Arrive at the time given by your surgery coordinator.
- Bring your medication list, insurance card, photo ID, and crutches if you have them.
- Wear loose clothing; leave jewelry and valuables at home.
- A responsible adult must drive you home. You may **not** drive yourself.

Immediately After Surgery

- You will recover in the recovery area; most patients go home the same day.
- Your surgeon will discuss the procedure with you and your support person.
- Your care team will review wound care, restrictions, medications, follow-up, and warning signs before discharge.

Milestone	What to Expect After Surgery (General Timeline)
Weight-bearing	Generally, full weight as tolerated right away; crutches are for comfort and are typically set aside within the first week. (If a meniscus repair or cartilage restoration is needed instead, a brace and a longer period on crutches will apply.)
Motion	No brace or motion limits. Bending and straightening start right away, with full motion expected by 2–4 weeks.
Daily life	Desk work often within the first week. Most daily activities by ~3 weeks. No driving while taking narcotic pain medication.
Running	Stationary bike and walking for exercise by 2–4 weeks. Running typically begins after 4 weeks, once swelling has settled.
Sports	Typically 6–8 weeks (up to 12 weeks for some), after regaining full motion and strength and passing functional testing.
► Please note: This is a general guide only. Detailed post-operative instructions will be provided on the day of surgery, and your restrictions and timeline may change based on the findings and procedures performed.	

Learn More

We **strongly recommend** reading these pages from the American Academy of Orthopaedic Surgeons (OrthoInfo) before your surgery:

- **Your condition: Meniscus Tears** — <https://orthoinfo.org/en/diseases--conditions/meniscus-tears/>
- **Your procedure: Knee Arthroscopy** — <https://orthoinfo.org/en/treatment/knee-arthroscopy/>

Video: You may find a video demonstrating an example (not the exact technique) of your surgery at

<https://patient.orthopedica.com/student/path/1749354-meniscus-tears> (or browse <https://patient.orthopedica.com/student/catalog>).