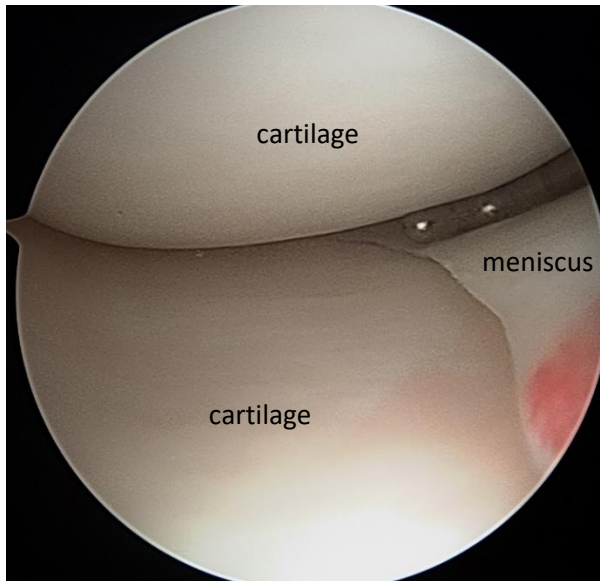


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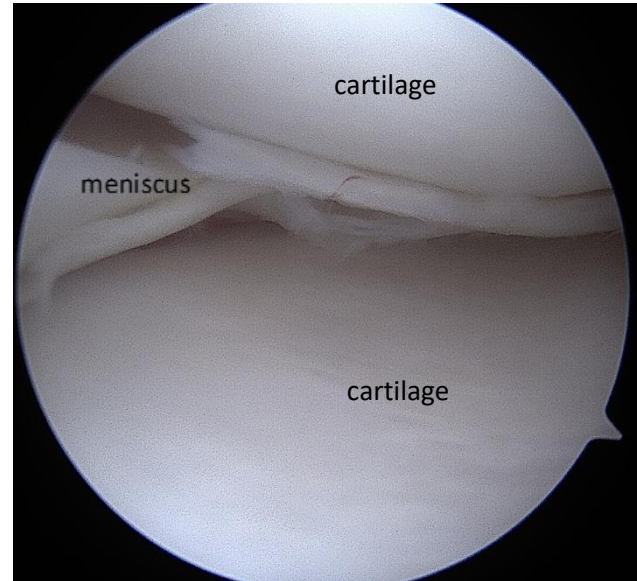
Diagnostic Knee Arthroscopy

Indications for Surgery

Patients that have continued knee pain after failure of conservative treatment may benefit from diagnostic arthroscopy. Arthroscopy allows Dr. Chudik to see inside of the knee and better evaluate what may be the source of pain and symptoms. Dr. Chudik recommends diagnostic arthroscopy to patients that have failed conservative treatment including physical therapy, injections, activity modification, and resting have a history and signs or symptoms consistent with treatable pathology, even sometimes when the MRI is not diagnostic. MRI scans are accurate but even the best quality MRI has a false negative rate and it may fail to show abnormalities that exist in the knee. Common pathologies missed by MRIs may include a symptomatic fat pad, plica band, loose body, meniscus tear, or focal cartilage injury. After assisting with the diagnosis, Dr. Chudik can use arthroscopy and special arthroscopic instruments to remedy the problem.



Normal knee cartilage and meniscus



Knee with meniscus tear

Contraindications to Surgery

- Infection of the knee
- Inability or unwillingness to complete an appropriate postoperative rehabilitation program
- Diffuse, advanced arthritis



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Potential Surgical Risks and Complications

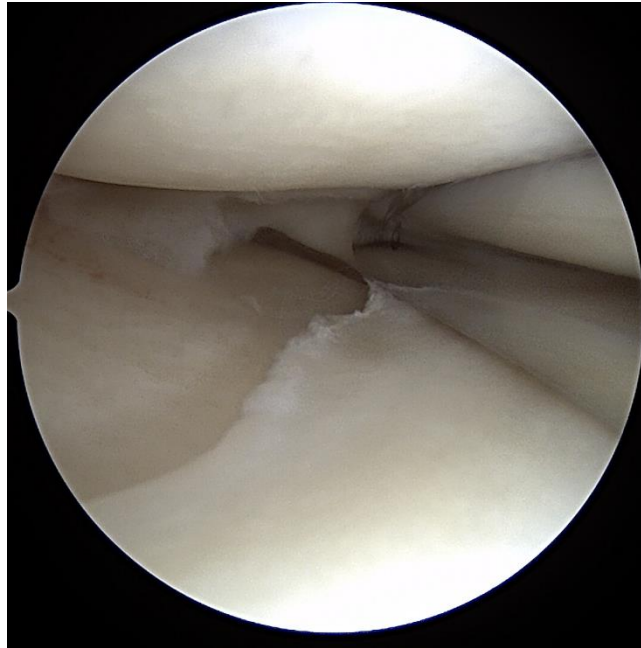
- Infection
- Knee stiffness (loss of knee motion)
- Continued pain and progressive arthritis
- Weakness of the quadriceps muscles if proper rehabilitation is not performed
- Persistent swelling and progression of arthritis

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- IV sedation or light general anesthesia with local numbing medicine injected around the knee

General Surgical Technique

Dr. Chudik performs arthroscopic surgery with the assistance of an arthroscope, a small camera, that allows you look inside the knee through small incisions. Small arthroscopic probes, shavers, cutting and repair instruments are used to evaluate the knee joint and address the problem at the source of the pain and symptoms.



Smoothing out the edges of a meniscus tear with an arthroscopic shaver



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Post-Operative Course

- Keep the wound clean and dry for the three days following arthroscopic surgery, then you may shower but not submerge the wounds for three weeks.
- You will use crutches for approximately two to six weeks depending on the severity of the damage found in the knee.
- Physical therapy should begin two to three days after surgery and continue for approximately three to four months depending on severity. It is crucial to follow through on and maintain a proper therapy schedule.
- Minimize standing and walking for six weeks with a gradual progression of activity.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®], Eliquis[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email contactus@chudikmd.com to:

- Schedule the date and location of surgery
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

Notify My Office if Symptoms Worsen



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