

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

**Arthroscopic Cartilage Sparing Repair of
Osteochondritis Dissecans (OCD) in the Knee**

Indications

Osteochondritis dissecans (OCD) is a localized injury or condition affecting the bone just below the cartilage surface of a joint. OCD is often associated with repetitive trauma and sports. In OCD, the involved bone just below the joint surface fails and fractures from repetitive stress or from interruption of its local blood supply. Eventually, the overlying cartilage, not properly supported by the affected bone, can separate and an osteochondral fragment of bone and cartilage can break loose resulting in a hole in the joint surface and a loose body that can catch and cause painful mechanical symptoms. The resulting hole and irregularity of the joint surface will accelerate the wear and tear of the cartilage surface and arthritis of the knee joint. If the OCD lesion is stable (not loose) and the patient is still growing, conservative treatment of rest sometimes can allow it to heal. However, when the OCD lesion is more mature and has separated from the rest of the bone, surgical repair of the OCD may be necessary. If the cartilage surface is still intact over the OCD, an arthroscopic cartilage preserving approach from behind the OCD lesion can debride any intervening soft-tissue, “break –up” sclerotic non-healing bone, bone graft defects, and an apply fixation to stabilize and stimulate the OCD to encourage healing.



OCD lesion on X-Ray

Contraindications to Surgery

- Infection in the knee
- Inability or unwillingness to complete the postoperative program of limiting activity after surgery and to complete the necessary rehabilitation



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Surgical Risks and Complications

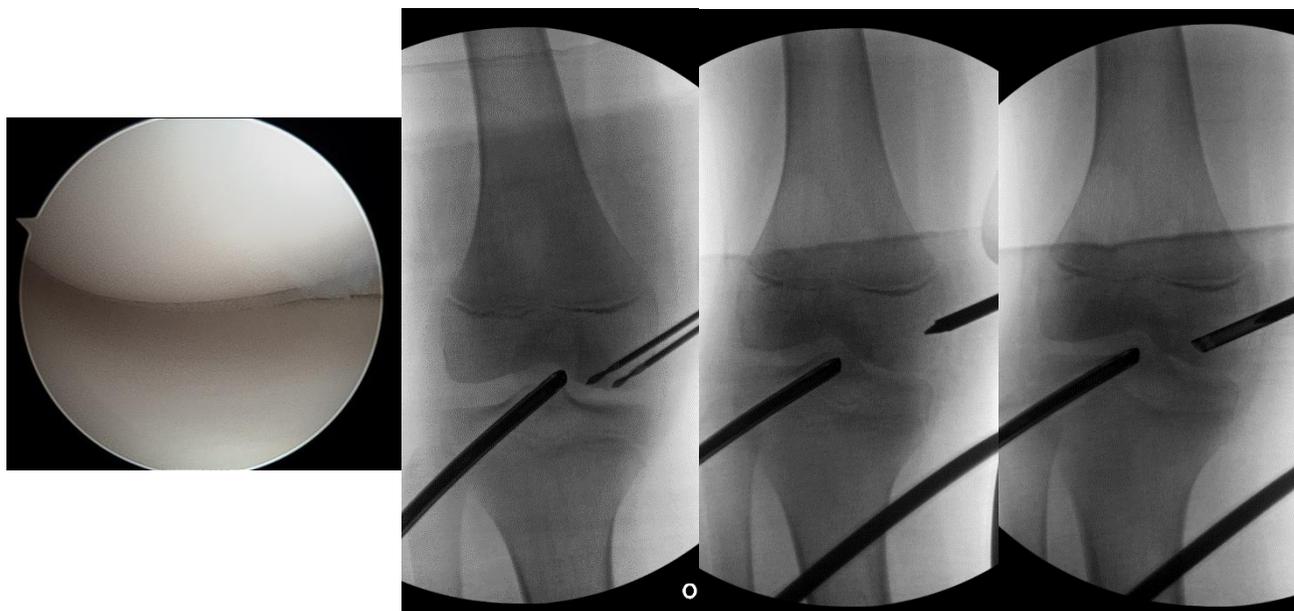
- Wound infection
- Bleeding or injury to blood vessels
- Injury to nerves (numbness, weakness, etc.)
- Non-union (non-healing) of the OCD fragment (in repair situations)
- Knee stiffness
- Arthritis

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthesia with a nerve block or local anesthetic

General Surgical Technique

Dr. Chudik evaluates and treats OCDs through small limited incisions and specialized instruments that he designed with the use of an arthroscope (small camera). He approaches and localizes the OCD using both arthroscopy and fluoroscopy (live x-ray in the operating room). Once he localizes the OCD, he drills it to break up the sclerotic non-healing bone, creates a tunnel to the lesion, debrides the lesion, and bone grafts it, all while avoiding the cartilage. Sometimes, fixation is needed to help stabilize larger fragments.



Intraoperative arthroscopy and X-ray images of drilling and bone grafting of an OCD lesion. A tunnel is created behind the cartilage to debride the lesion, bone graft and stimulate healing.



Orthopaedic Surgery & Sports Medicine
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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

Postoperative Course

- Crutches and non-weight bearing for six weeks OR hinged-knee brace locked in extension for six weeks depending on size and location of the lesion
- Return to school/sedentary work in less than one week as long as the extremity can be elevated
- Physical therapy to restore motion, strength, and proprioception (balance) for up to four to six months.
- After the knee is fully rehabilitated, **Dr. Chudik's Knee Functional Capacity Evaluation** is performed to determine that the knee is fully rehabilitated and more importantly, that any errors in movement patterns (known to put patients at risk for injuring their knee) are corrected and the patient can return to activities safely.

Return to Activity

- Return to gentle, daily activities about six to eight weeks after surgery
- Return to sports at the 6 to 12 month after surgery depending on the severity of the OCD lesion, sport and position

Scheduling Surgery

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

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment for 10 to 14 days after surgery to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen

