

KNEE ARTHROSCOPY

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic knee surgery through a couple of small incisions to clean up damage inside the joint. Nothing is repaired or reconstructed
HOW LONG	About 30–60 minutes , depending on how much work is needed. About 3 hours in total at the surgery center or hospital
ANESTHESIA	The anesthesia team will review their plan with you on the day of surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Full weight on your leg right away. No brace . Crutches only if you want them for a few days. PA visit at 2 weeks
PHYSICAL THERAPY	Most patients do a home exercise program . If formal PT is arranged, it starts 5–7 days after surgery, 2 times a week

Do these now, before surgery

- **Keep your leg strong** with therapy or home exercises, and keep your knee flexible. The stronger you go into surgery, the faster you recover.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Knee

Common reasons for a knee arthroscopy include loose pieces of cartilage or bone, irritated tissue (such as a **plica**, a fold in the joint lining, or an inflamed lining called **synovium**), rough cartilage surfaces, and scar tissue (such as a **cyclops lesion**). In some cases, we take a small cartilage **biopsy** to plan a future procedure.

Why surgery: in most cases, arthroscopy is only recommended after a trial of conservative treatment with therapy. The goal of surgery is to clean up damage inside the joint and improve your symptoms.

About Your Surgery

A knee arthroscopy is a minimally invasive procedure. I use a small camera and specialized instruments to look inside the knee and treat the problem through a couple of small incisions.

Depending on what we find, I may remove loose pieces of cartilage or bone, trim irritated tissue, smooth rough cartilage surfaces, or remove scar tissue. **This is a minor procedure. No reconstruction or repair is done.**

Risks of surgery

Stiffness, infection, blood clots (DVTs), continued pain and swelling, and numbness around the incisions. Because this is a minor procedure without reconstruction or repair, the risks are generally low. As with any procedure that needs anesthesia, there are anesthetic risks, which your anesthesiologist will review on the day of surgery. We will work together to lower these risks and make your recovery as smooth as possible.

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Recovery from a knee arthroscopy is straightforward. There are **no limits on weight or knee motion**. You can put full weight on your leg and bend your knee as much as comfort allows from day one. No brace is needed. Crutches are available for the first few days if you want them, but most patients stop using them quickly.

The key to a fast recovery is controlling swelling. Swelling inside the knee shuts down the quadriceps (quad) muscle by reflex, which makes the leg feel weak and unstable. Ice your knee **20 minutes on, 20 minutes off** while you are awake, and keep the leg elevated when resting. The faster the swelling is under control, the faster your quad wakes up and the better you feel.

Most patients do a home exercise program instead of formal physical therapy. Formal PT is arranged if we discussed it at your pre-op visit, if you would like it, or if we set it up at your 2-week visit. It starts **5–7 days** after surgery, usually **2 times a week**, and focuses on waking up the quad, getting the knee fully straight, and building strength. Most patients finish their rehab within **4–6 weeks**.

Days 1–10	Full weight right away, with no brace or crutch limits. Ice 20 minutes on, 20 minutes off. Quad sets every waking hour to wake up the muscle. Get the knee fully straight and bending fully. PA visit at 2 weeks to check your incisions. Most people return to school or a desk job within 3–5 days .
Weeks 2–4	Strengthening: step-ups, mini squats, and the stationary bike. Walking should feel normal on all surfaces, including stairs. Single-leg balance training begins. Keep icing after every exercise session. Return to work and daily activities as comfort allows.
Weeks 4–6+	Progressive strengthening and sport-specific work. Return to running when your quad strength is at least 80% of the other leg and there is no swelling. Most patients finish rehab by 6 weeks. I will clear you for full return to activity.

Driving

- **Right leg:** you must be off crutches, off narcotic pain medicine, and able to brake hard. Usually about 1 week.
- **Left leg:** usually within a few days, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy or home exercise before surgery (prehab)

In most cases, arthroscopy is only recommended after a trial of conservative treatment with therapy. Keeping the leg strong and the knee flexible is critical to success after surgery. **The stronger you go into surgery, the faster you recover.**

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Have plenty of clean clothes and clean sheets ready. This lowers the chance of infection and limits chores while you recover.
- Stock the refrigerator with healthy food you will want to eat early in your recovery.
- Buy bags of ice if you plan to use an ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Wear comfortable, loose clothing (shorts or loose pants that fit over a slightly swollen knee)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055