Kalyani's Knee & Shoulder Clinic

कल्याणी घुटना एवम कंधा क्लिनिक

Knee Arthroscopy

Diagnostic & Therapeutic Keyhole Surgery

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What is knee arthroscopy? Knee arthroscopy is a minimally invasive keyhole procedure in which a small camera called an arthroscope is inserted into the knee through tiny cuts. The surgeon sees the inside of the joint on a monitor and can diagnose problems as well as treat many of them using specialised instruments.

Why is it important? Arthroscopy helps preserve the knee by treating selected meniscus, cartilage, ligament, loose body, synovial and infection-related problems through small incisions. It can reduce pain, improve movement, guide accurate diagnosis and sometimes prevent progression to bigger surgery when used for the right indication.

When may arthroscopy be advised?

- Persistent knee pain, swelling, locking or catching despite medicines and physiotherapy.
- Suspected meniscus tear causing mechanical symptoms.
- Loose body inside the knee causing sudden locking or giving way.
- Cartilage injury or early focal cartilage defect in selected patients.
- ACL/PCL injury assessment or arthroscopic ligament reconstruction.
- Diagnostic uncertainty when symptoms continue and clinical examination/MRI need confirmation.

Common symptoms

- Pain during walking, squatting, stairs, sports or twisting movements.
- Recurrent swelling after activity or after an injury.
- Clicking, catching, locking or inability to fully straighten the knee.
- Feeling of giving way or instability.
- Stiffness, reduced range of motion or difficulty sitting cross-legged.
- Pain not improving with rest, physiotherapy or injections.

Knee preservation focus

- Meniscus repair preserves shock absorption when the tear pattern is suitable.
- Cartilage procedures aim to treat focal defects before widespread arthritis develops.
- Ligament reconstruction restores stability and protects meniscus/cartilage from repeated injury.
- Early identification of treatable problems can help maintain the natural knee for longer.

Examination and diagnosis

History: injury mechanism, swelling timing, locking/catching, instability episodes, sports or work demands, previous treatment and patient goals are reviewed.

Clinical examination: walking pattern, swelling, tenderness, range of motion, meniscus tests, ligament stability, patellar tracking and neurovascular status are checked.

Imaging: standing X-rays assess bone and arthritis. MRI helps identify meniscus, cartilage, ligament, bone bruise, loose body or synovial problems.

Diagnostic role: arthroscopy allows direct visual assessment of meniscus, cartilage, cruciate ligaments, synovium and loose bodies when diagnosis remains uncertain or treatment is planned.

Patient selection: arthroscopy is most useful for mechanical symptoms, traumatic tears, focal lesions or unstable tissue; it is not routinely useful for advanced generalised arthritis without mechanical symptoms.

Diagnostic modality

- Direct view of joint surfaces, menisci, ligaments and synovium.
- Confirms tear pattern and cartilage grade during surgery.
- Helps decide whether repair, trimming, reconstruction, biopsy or washout is appropriate.
- Useful when MRI findings do not fully explain persistent symptoms.

Knee Arthroscopy: Technical Details & Treatment Options

Technical details

Anaesthesia: usually spinal/regional or general anaesthesia depending on the patient, procedure and anaesthesia plan.

Keyhole portals: two or more tiny cuts are made around the knee. A camera is inserted through one portal and fine instruments through another.

Fluid distension: sterile fluid is used to expand the joint so the surgeon can see clearly and work safely.

Systematic inspection: the surgeon checks the patellofemoral joint, medial and lateral compartments, menisci, cartilage, ACL/PCL and synovium.

Treatment in same sitting: depending on findings, repair, trimming, reconstruction, loose body removal, biopsy, washout or cartilage procedure may be performed.

Small incisions: because the cuts are small, pain and soft tissue trauma are usually less than open surgery, although recovery depends on the procedure performed.

Therapeutic uses

- Meniscus repair or partial meniscectomy when indicated.
- ACL/PCL reconstruction and assessment of associated injuries.
- Loose body removal from the knee joint.
- Cartilage procedures such as chondroplasty, microfracture or cartilage restoration in selected cases.
- Synovial biopsy or synovectomy for selected inflammatory or proliferative conditions.
- Washout and debridement in selected infection or inflammatory situations.

Treatment pathway

Non-operative care first: many knee problems improve with rest, physiotherapy, strengthening, weight management, medicines, activity modification and injections where appropriate.

Arthroscopy: considered when symptoms persist, the diagnosis is suitable, mechanical symptoms are present, or a treatable structure has been identified.

After surgery: early movement, swelling control, wound care, quadriceps activation and physiotherapy are important. Weight-bearing depends on the procedure.

Return to activity: simple diagnostic arthroscopy or minor trimming may recover faster, while meniscus repair, cartilage procedures and ligament reconstruction require longer protected rehabilitation.

Follow-up: review checks wound healing, pain, swelling, range of motion, strength and progression of rehabilitation.

When to seek urgent care

- Severe pain, fever, increasing redness, pus from wound or feeling very unwell.
- Calf pain, chest pain, shortness of breath or sudden swelling.
- Inability to bear weight after injury, deformity, numbness or cold foot.
- True locked knee that cannot straighten.

Important limitations

- Arthroscopy is not a cure for advanced osteoarthritis affecting the whole knee.
- The aim is to treat specific mechanical or structural problems in properly selected patients.
- Final decision depends on examination, X-rays/MRI, activity needs and realistic expectations.

Diagnostic and therapeutic role at a glance

Role	What arthroscopy can show/do	Patient benefit
Diagnostic	Direct view of cartilage, meniscus, ligaments, synovium and loose bodies	Clarifies diagnosis when symptoms and scans need confirmation
Therapeutic	Repair, trimming, reconstruction, washout or removal of loose bodies when indicated	Treats selected problems through small incisions
Knee preservation	Meniscus/cartilage/ligament treatment before further damage progresses	Helps maintain natural knee function in suitable patients

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For knee pain, locking, sports injury, meniscus/cartilage/ligament problems and arthroscopy consultation

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