KEY PROCEDURES

DIAGNOSTIC KNEE ARTHROSCOPY AND
PARTIAL MENISCECTOMY

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Published outcomes of this procedure can be found at: *N Engl J Med*. 2013 May 2;368 (18):1675-84.

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Abstract

Knee arthroscopy is the most commonly performed orthopaedic procedure in the United States. Indications have grown exponentially since the procedure was first popularized by Watanabe and Jackson. Treatment of meniscal tears is the most common reason for knee arthroscopy, with approximately 700,000 arthroscopic partial meniscectomies performed annually. Other indications include assistance for cruciate ligament reconstruction, osteochondral lesions, removal of loose bodies, synovectomy, and septic arthritis. Arthroscopy is accomplished with the use of two small incisions on either side of the patella at the anterior aspect of the knee. An arthroscope is inserted through one incision and used to view the image on a monitor, while the second incision is employed for instrumentation.

An examination with the patient under anesthesia should always be performed prior to the initiation of the procedure. The patient is positioned with the knee flexed and a lateral post secured to the side of the bed. Standard anteromedial and anterolateral portals are made, and an arthroscope is introduced through the anterolateral portal. Diagnostic arthroscopy is performed in a systematic fashion. Meniscal tears and other pathology are identified. With use of an arthroscopic probe, the features of the meniscal tear are determined. Arthroscopic punches and shavers are used to debride torn portions back to a stable rim.

Knee arthroscopy is a highly effective procedure. Outcomes after partial medial meniscectomy are good to excellent in 80% to 100% of patients. A recent cost-effectiveness analysis demonstrated that knee arthroscopy is more cost-effective than coronary artery bypass surgery or total knee arthroplasty.

Acknowledgment

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