

Abrasion Chondroplasty Surgery

The problem:

Damage to the articular/lining cartilage of the knee. It may occur from an acute injury or, more commonly, from degenerative wear over time. This is commonly referred to as chondromalacia and is considered a subset or early phase of osteoarthritis.

Reason for treatment:

Pain and/or swelling

Management options:

Several nonoperative options should be considered first because a good surgical outcome is not guaranteed. These options include activity modification, anti-inflammatory medications, physical therapy, steroid injections, or injections of hyaluronan (viscosupplementation including Synvisc, Hyalgan, Supartz,.), injections of platelet rich plasma (PRP), or stem cell injections. Often, this condition is difficult to treat with complete resolution of the pain. Unfortunately, the most predictable way to manage this is with long term activity modification which entails avoiding impact activities such as running and jumping; and avoiding flexion weight bearing activities such as squatting, kneeling, and lunging. These modifications would need to be considered with or without surgery. Most people do not want to stop these activities, which means that they may need to continue to tolerate symptoms.

Operative options include abrasion chondroplasty which is simple smoothing (debridement) of the worn area. This serves to change an uneven border of the injured cartilage into a more even or smooth transition. This does not replace the cartilage or even prevent future development of arthritis. It is purely a pain relief procedure. Other procedures can be performed which replace the cartilage or attempt to re-stimulate cartilage formation. These procedures are considered on a case-by-case basis and have relatively narrow indications. Generally, they are more appropriate for recent injuries in young patients.

Day of surgery:

The patient arrives 1.5 to 2 hours prior to the procedure to get situated and meet the operative team. The procedure is done arthroscopically, generally through three small holes. Operative time varies, but the patient is generally in the operating room a total of one hour. The patient is asleep for the procedure. Recovery room time is approximately 1 hour. Plan to be in the hospital for 4-5 hours total.

After surgery:

The patient is generally placed on protected weight bearing for 1-4 weeks, but they are allowed to perform exercises to bend and extend the knee, generally immediately. Most patients use pain medication for less than one week. Exercises will be given for the patient to do at home when they are in the Recovery room. These should be done daily until clinic follow-up in 1-2 weeks. Recovery is slow and, although some

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patients may recover in a few weeks, most patients will require 3-6 months to notice a significant improvement. Swelling is common and may last for six weeks or longer. It can be managed with icing the knee several times each day (20 minutes each time), using a compressive wrap (ACE), and taking an anti-inflammatory medication (Advil, Aleve, etc....).