

Knee Arthroscopy and Cartilage Resurfacing

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

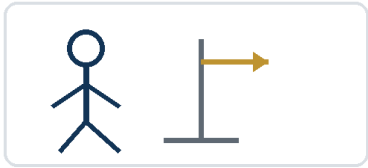
This guide explains the usual surgical journey for knee arthroscopy with cartilage resurfacing. Recovery varies substantially according to the size and location of the cartilage defect and whether microfracture, an osteochondral graft, a scaffold or another restoration technique is used.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

Articular cartilage provides a smooth, low-friction surface inside the knee but has limited healing capacity. Surgery may be considered for a symptomatic focal cartilage defect that continues to cause pain, swelling, catching or reduced function despite appropriate nonsurgical care.

PREPARING FOR SURGERY

- Improve swelling, knee movement and muscle control before surgery.
- Tell the team about medicines, supplements, allergies and medical conditions.
- Follow fasting and medication instructions and stop smoking if advised.
- Arrange transport, help at home and prepare for crutches and restricted weight bearing.
- Discuss the planned cartilage technique because restrictions differ significantly between procedures.

WHAT HAPPENS DURING SURGERY

- A camera is inserted through small incisions to inspect the knee and confirm the cartilage damage.
- Loose or unstable cartilage may be trimmed and the defect prepared.
- Resurfacing may stimulate new repair tissue or transfer/implant cartilage and underlying bone, depending on the defect.
- Meniscal or ligament problems may also be treated if required.
- The operation is usually day surgery, although complex procedures may require admission.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	Control pain and swelling, protect the incisions and restore safe movement. Crutches and restricted weight bearing are common; follow the specific cartilage protocol.
2 TO 6 WEEKS	Movement and muscle activation progress while the repair is protected. Some procedures require limited weight bearing for six weeks or longer.
6 TO 12 WEEKS	Weight bearing, cycling and strengthening progress when the surgeon confirms adequate healing. Avoid impact and reactive swelling.
4 TO 12 MONTHS OR LONGER	Running and sport depend on the resurfacing technique, defect and objective testing. Larger graft or cell-based procedures generally require longer recovery.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, stiffness, ongoing pain or swelling, incomplete cartilage healing, graft or implant failure, damage to surrounding structures and the need for further surgery are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; a locked knee, sudden large swelling or a significant new injury.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

AAOS OrthoInfo. Articular Cartilage Restoration. • Benthien JP et al. International Cartilage Regeneration and Joint Preservation Society consensus on rehabilitation after cartilage repair. Cartilage. 2021. • Mithoefer K et al. Clinical efficacy of microfracture for articular cartilage repair in the knee. Am J Sports Med. 2009;37:2053-2063.

