

PREOPERATIVE DIAGNOSIS:, Medial meniscal tear, left knee.,POSTOPERATIVE DIAGNOSIS: , Chondromalacia of medial femoral condyle.,PROCEDURE PERFORMED:,1. Arthroscopy of the left knee.,2. Left arthroscopic medial meniscoplasty of medial femoral condyle.,3. Chondroplasty of the left knee as well.,ESTIMATED BLOOD LOSS: , 80 cc.,TOTAL TOURNIQUET TIME: , 19 minutes.,DISPOSITION: , The patient was taken to PACU in stable condition.,HISTORY OF PRESENT ILLNESS: ,The patient is a 41-year-old male with left knee pain for approximately two years secondary to hockey injury where he did have a prior MCL sprain. He has had a positive symptomology of locking and pain since then. He had no frank instability to it, however.,GROSS OPERATIVE FINDINGS: , We did find a tear to the medial meniscus as well as a large area of chondromalacia to the medial femoral condyle.,OPERATIVE PROCEDURE: ,The patient was taken to the operating room. The left lower extremity was prepped and draped in the usual sterile fashion. Tourniquet was applied to the left thigh with adequate Webril padding, not inflated at this time. After the left lower extremity had been prepped and draped in the usual sterile fashion, we applied an Esmarch tourniquet, exsanguinating the blood and inflated the tourniquet to 325 mmHg for a total of 19 minutes. We established the lateral port of the knee with #11 blade scalpel. We put in the arthroscopic trocar, instilled with water and inserted the camera.,On inspection of the patellofemoral joint, it was found to be quite smooth. Pictures were taken there.

There was no evidence of chondromalacia, cracking, or fissuring of the articular cartilage. The patella was well centered over the trochlear notch. We then directed the arthroscope to the medial compartment of the knee. It was felt that there was a tear to the medial meniscus. We also saw large area of chondromalacia with grade-IV changes to bone over the medial femoral condyle. This area was debrided with forceps and the arthroscopic shaver. The cartilage was also smoothed over the medial femoral condyle. This was curetted after the medial meniscus had been trimmed. We looked into the notch. We saw the ACL appeared stable, saw attachments to tibial as well as the femoral insertion with some evidence of laxity, wear and tear. Attention then was taken to the lateral compartment with some evidence of tear to the lateral meniscus and the articular surface of both the tibia as well as the femur were pristine in the lateral compartment. All instruments were removed. All loose cartilaginous pieces were suctioned from the knee and water was suctioned at the end. We removed all instruments. Marcaine was injected into the portal sites. We placed a sterile dressing and stockinet on the left lower extremity. He was transferred to the gurney and taken to PACU in stable condition.