



## Adam J. Farber, MD

### Surgical consent for knee cartilage procedures including chondroplasty, microfracture, autologous chondrocyte implantation (ACI), and osteochondral autograft transplantation surgery (OATS)

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- Pain: In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- Bleeding: Given the fact that this is minimally invasive arthroscopic surgery, the risk of bleeding is minimal.
- Infection: The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. As a result post-operative antibiotics not routinely administered.
- Thromboembolic complications: Anytime surgery is performed on the lower extremities there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases in routine knee arthroscopy. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications are recommended; please be sure to discuss this with your surgeon. The use of compression stockings following surgery will help decrease your risk of developing a blood clot. In addition performing exercises, such as foot pumps, will also decrease the risk of developing a blood clot. If, however, you develop calf pain, chest pain, or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.

Potential complications more unique to knee cartilage surgical procedures include the following:

- Subsequent arthritis: The cartilage is the Teflon-like lining of the bone that allows smooth gliding to occur with knee range of motion. If you are undergoing one of the surgical procedures listed above, by definition there is already some injury to this cartilage. There is no guarantee that the surgery will restore the cartilage to its preinjury condition. The portion of the knee in which the cartilage lesion is present is therefore at risk for progressing with time and thus developing arthritis in the future.
- Stiffness: Stiffness is one of the most common complications following surgical procedures of the knee. In order to prevent stiffness it is important to follow the post-operative instructions including knee range of motion. In addition physical therapy will be prescribed after your first post-operative visit. Attending routine physical therapy sessions and performing a home exercise program on days that you are not in therapy will significantly decrease the risk for developing post-operative stiffness.
- Injury to the infrapatellar branch of the saphenous nerve: During OATS or ACI surgery, the incision required can injure a branch of the saphenous nerve. This nerve provides sensation to the skin adjacent to the incision on the outside aspect of the leg. Often times the sensory loss will decrease with time but may not ever completely resolve. Fortunately, this sensory deficit usually has no functional consequences.
- Failure to alleviate pain: It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms. Cartilage has little to no blood supply and therefore is difficult to repair or heal. The procedures listed above attempt to generate scar-like cartilage (microfracture), transplant cartilage (OATS), or create new cartilage (ACI), but are not always successful in achieving these goals. These procedures are most likely to be successful if you maintain strict compliance with the rigorous post-operative rehabilitation protocols. Although many of these protocols call for a prolonged period of restricted weightbearing, use of a continuous passive motion machine, or limited knee range of motion, these protocols are designed to maximize the success rate of the surgery.

In addition cartilage lesions are also associated with other sources of pathology, such as meniscal injuries, and these even if addressed at the time of surgery may represent an ongoing source of potential symptoms

- Need for further surgery: Following ACI surgery, occasionally the patch used to seal the cartilage cells can enlarge and be a potential source of symptoms. This may need to be cleaned out with another minimally invasive arthroscopic surgery. Following OATS, occasionally the transplanted cartilage piece becomes loose or prominent and may need to be removed or made to be less prominent with a revision arthroscopic surgical procedure.

Finally, as stated above, sometimes the surgery fails to alleviate your symptoms and arthritis may develop. In this case total or partial knee replacement surgery may be an option to alleviate these symptoms.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_