

Arthroscopic surgery in local anesthesia

Wredmark, T. Tsail⁽¹⁾

Lokal anestezi ile artroskopik cerrahi

10 yıl içinde lokal anesteziyle diz ekleminin artroskopik cerrahisiyle ilgili bir teknik geliştirdik. Geçen yıl tedavi edilen 356 hastanın sonuçlarını vermekteyiz. Osteoartroz iç menisküs lezyonlarıyla ilişkilidir. Dış menisküsta ise yırtık tipiyle ilişki kurulamayan farklı kategoride ve az sayıda yırtık saptandı. Biz bu çalışmada menisküs lezyonlarında (hem iç hemde dış) tipik bir yaş dağılımı olduğu ve osteoartrozisin diğer tip yırtıklarına göre degeneratif yırtıklarda daha sık görüldüğü sonucunu çıkardık.

Sonuç olarak meniskus cerrahisi güvenli ve hatasız bir şekilde lokal anesteziyle yapılabilir.

Anahtar kelimeler: Artroskopik cerrahi, lokal anestezi

During the last ten years we have developed a technique for arthroscopic surgery of the knee joint in local anesthesia. I would like to present the results of 356 consecutive patients treated during a part of last year. The prevalence of osteoarthrosis was correlated to the type of tear on the medial side. In the lateral meniscus, the number of tears of the different categories were so few that a prevalence could not be correlated to the type of tear. We conclude from this study that there is a typical age distribution for the meniscal lesions, both on the medial and the lateral side we osteoarthrosis is more common in degenerative tears than in other type of tears. Finally meniscal surgery is safely and accurately performed in local anesthesia.

Key words: Arthroscopic surgery, local anesthesia

During the last ten years we have developed a technique for arthroscopic surgery of the knee joint in local anesthesia. I would like to present the results of 356 consecutive patients treated during a part of last year. There were 245 males and 111 females with a mean age of 40 years. Three standard portals were used; one peripatellar described by Lanny Johnsson, at the distal patella pole just lateral of the tendon, one anteromedial for the instruments and one suprapatellar for the drainage cannula. No premedication or sedation of the patients and no tourniquet was used. 20 ml of prilocainchloride 1 % with epinephrin, was infiltrated. Additionally 500 ml ready made 0. 2 % lidocainchloride solution was irrigated. The arthroscopic equipment was a standard 5 mm arthroscope and a video camera, a pressure controlled arthroscopic pumpsystem, a leg holder, manual instruments for the surgery. The portals were infiltrated, followed by preparation and draping of the patients that takes about 30 minutes. After that the procedure starts and the patient is encouraged to follow the surgery on the video monitor. In this material we found 54 degenerative tears in the medial meniscus, 101 flap tears and 29 bucket-handle tears. In the lateral meniscus there were 5 degenerative tears, 10 radiating tears, 5 flap tears and 5 bucket handle tears. The age distribution was increasing from 38 years for bucket-handle tears to 53 years for dege-

nerative tears and on the lateral side it was 34 years for the bucket-handle tears and 48 for degenerative tears. Apart from meniscal injuries, there were 39 ACL tears, 1 PCL tear and 6 medial collateral tears. Osteoarthrosis was present in 87 patients and the mean age was 52 years. The prevalence of osteoarthrosis was correlated to the type of tear on the medial side. It was 3 per cent in bucket-handle tears, 14 percent in flap tears and as much as 52 percent in degenerative tears. In the lateral meniscus, the number of tears of the different categories were so few that a prevalence could not be correlated to the type of tear but all together it was 11 percent. In the whole group of patients, 8 percent of the procedures were completed prematurely either to technical difficulties or lack of cooperation from the patients due to pain or other reasons, although very advanced surgery like three meniscal sutures were performed. We did not register any complication from the anesthesia but there was one deep infection which healed eventually with no reast systems after continous irrigation treatment. We conclude from this study that there is a typical age distribution for the different meniscal lesions, both on the medial and the lateral side and osteoarthrosis is more common in degenerative tears than in other type of tears. Finally meniscal surgery is safely and accurately performed in local anesthesia