

Abrasion chondroplasty

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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 can be considered to be a subset or early phase of osteoarthritis.

Reason for treatment:

Pain and/or swelling

The treatment:

Several nonoperative options should be considered first because a good surgical outcome is not guaranteed. These options include activity modification (minimizing impact activities), anti-inflammatory medications, physical therapy, steroid injections, or injections of hyaluronan (viscosupplementation including Synvisc, Hyalgan, Supartz,...). Often, this condition is difficult to treat with complete resolution of the pain.

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 2 hours prior to the procedure to get situated and meet the operative team. The procedure is done arthroscopically, generally through three small holes. It requires approximately 20 minutes of operative time with a total of less than one hour in the operating room. The patient is asleep for the procedure. Recovery room time is approximately 1 hour. Plan to be in the hospital for 4-5 hours.

After surgery:

The patient is generally allowed to bear full weight and allowed to fully bend and extend the knee. Occasionally, I will restrict weightbearing and keep the patient on crutches or a walker for up to 4 weeks. This is uncomfortable and painful for several days or even weeks. 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 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, Alleve, etc...).