

Procedural Guide

Knee Arthroscopy

Anesthetic Patient Prep

- 01 Patient placed in supine position or seated
- 02 Knee should hang 2 inches past the end of the bed
- 03 Clean area with an alcohol pad or antiseptic prep
- 04 Mark the insertion site with a sterile skin marker, if desired
0.5 - 1cm below patella inferior pole and 2cm off tibial
midline on medial and/or lateral side (soft spot)
- 05 Inject 5cc lidocaine skin wheal at the insertion site(s) with
an additional 10cc lidocaine in the capsule
- 06 Wait 10 minutes for local anesthetic to take affect

Recommended Supplies

MIDASVu
(2) Alcohol Pad and/or Iodine Swabstick
(2) 10cc Sterile Saline Syringes
Bandaid or Steri-strip
10 - 20cc Lidocaine
Sterile Gloves
Sterile Drape
30cc Empty Syringe (Gas Scope)
Sterile Marking Pen (Optional)

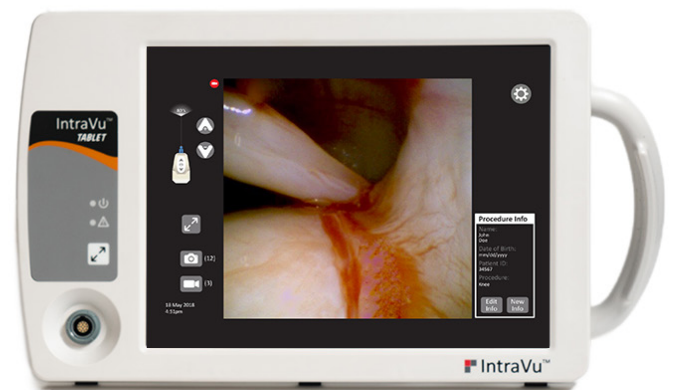
Sterile Prep Technique — Setup*

*This setup can be done after patient is injected with Lidocaine

- 01 Use sterile gloves
- 02 Have assistant (not-sterile) introduce sterile mayo drape, saline
syringes, sticky drape, and MIDASVu
- 03 Insert sharp trocar (white) and cannula (blue) and lock in place
- 04 Have assistant attach the IntraVu Scope to the IntraVu Tablet

Sterile Prep Technique — Patient

- 01 Clean the site with an alcohol pad or antiseptic prep
- 02 Drape knee with sterile drape, making sure the patella
and insertion sites remain visible



IntraVu Scope Technique

- 01 Knee should be flexed at 90°
throughout procedure, the knee may be adjusted varus/valgus and extended as needed
- 02 Using the sharp trocar, enter the knee joint medially or laterally at skin marker insertion site, angled at intercondylar notch (perpendicular to the proximal tibia and parallel to tibial midline)
first resistance (pop) will be the skin
second resistance (pop) will be the capsule
- 03 Once through the capsule, remove sharp trocar from cannula and insert IntraVu scope (lock in)
30 - 45mm is the ideal depth for most patients – 1/3 to 1/2 the length of the scope
- 04 Attach sterile stopcock and/or saline syringe to port if irrigation is needed
avoid irrigation unless visualization is being obstructed
irrigation should be used in small increments, between 0.5 – 1cc at a time, just enough to obtain visualization
- 05 Limited gas arthroscopy (the optimal medium for image capture with the MIDASVu system)
flush the joint with 60ml of saline and remove all fluid from the joint
attach sterile stopcock and empty syringe
inject 20 – 30ml of air and turn the stopcock to the locked position
avoid introducing saline during gas arthroscopy

Locate following anatomy and evaluate:

- ACL (anterior cruciate ligament)
- Lateral meniscus
- Medial meniscus
- Articular cartilage of distal femur

Troubleshoot

If visualization is obstructed on initial entry, make sure the capsule has been penetrated, not just surrounding tissue (2nd pop).

If any irrigation resistance occurs, the scope may not be advanced far enough in the joint. Make sure the scope is in at least 40-45mm.

If scope lens has debris on it, remove only the scope and not the cannula, wipe with sterile gauze.

If brightness is too high or low, adjust by pressing the up or down buttons on the scope handle or the tablet accordingly.