

## Arthroscopic or Open Bursectomy (Knee)

### Indications for Surgery

Throughout the knee there are several bursae (fluid filled sacs) that function to lessen the friction between soft tissue structures and bone. Bursae can become inflamed and symptomatic with repetitive movements or direct contact, such as kneeling or a fall. Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises, and modification of the activity that initially caused the problem to occur. If symptoms persist or recur, withdrawing fluid from the bursa, with or without a steroid injection, may be needed. Bursae that persist despite conservative treatment, that recur, or that are infected may require surgical excision (removal).

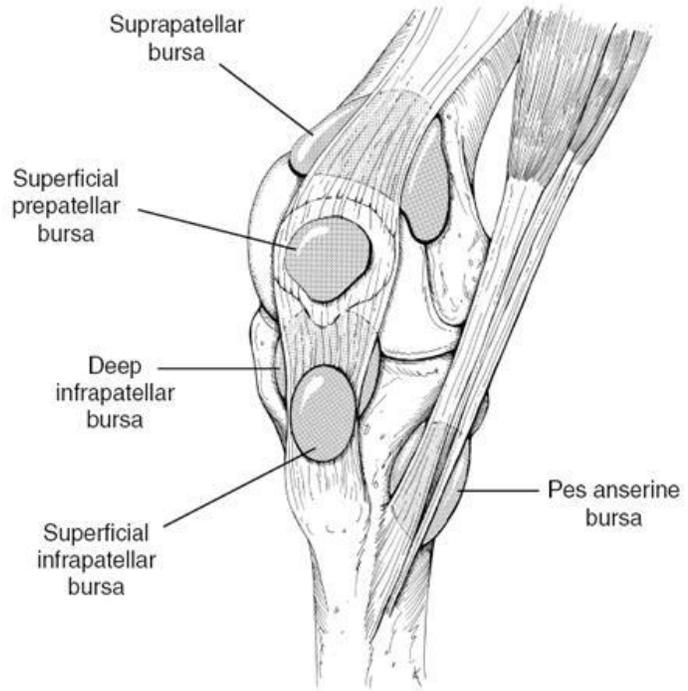


Figure 1

### Contraindications to Surgery

- Inability or unwillingness to complete an appropriate postoperative rehabilitation program

### Potential Surgical Risks and Complications

- Infection
- Persistent knee stiffness (loss of knee motion), worse than before if not compliant with post-operative program

### Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- IV Sedation and local anesthetic



# STEVEN CHUDIK MD

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### General Surgical Technique

Dr. Chudik performs the surgery with the either the assistance of an arthroscope (small camera that allows you look inside the body) or a through a limited open incision. Dr. Chudik uses special instruments to remove the inflamed bursa tissue. Following surgery, you may be placed on crutches to help with balance and you may need to attend six weeks of post-operative physical therapy to restore full strength and knee function.

### Post-Operative Course

- Keep the wound clean and dry for the three days following arthroscopic surgery or 14 days following open surgery. Then you may shower but not submerge the wounds for three weeks
- You will use crutches for comfort only
- Physical therapy should begin two to three days after surgery and continue for approximately six weeks to a few months depending on degree of stiffness and amount of motion lost. The success of the surgery is dependent on your diligence with the post-operative rehabilitation. It is crucial to follow instructions and perform frequent and aggressive stretching.

### Return to Activity

You may return to activities when there is no pain and when full knee range of motion, muscle strength and endurance, and functional use has been restored.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

**Do not eat or drink anything from midnight, the evening before surgery**



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**Scheduling Surgery**

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email [contactus@chudikmd.com](mailto:contactus@chudikmd.com) to:

- Schedule the date and location of surgery
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions

**Notify My Office if Symptoms Worsen**



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