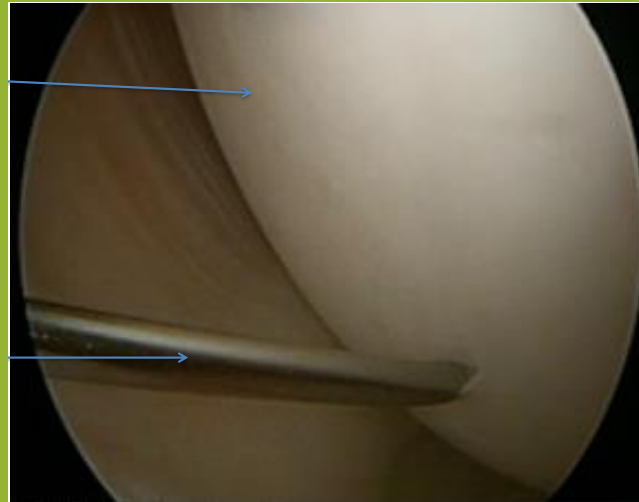


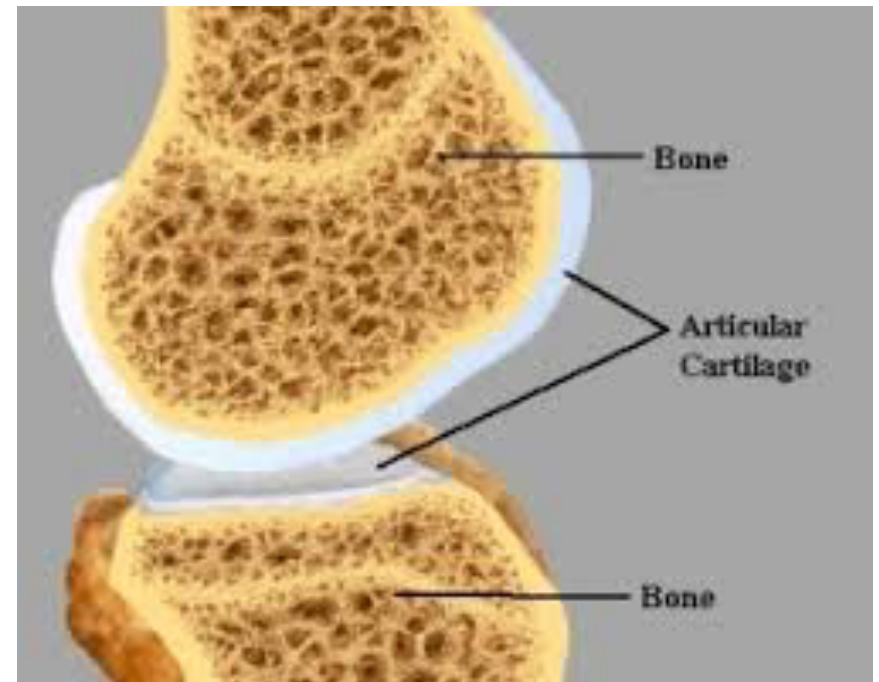
Drilling for Stable Knee Osteochondritis Dissecans (OCD)



Michael Saper, DO, ATC, CSCS
Assistant Professor, Orthopedics and Sports Medicine

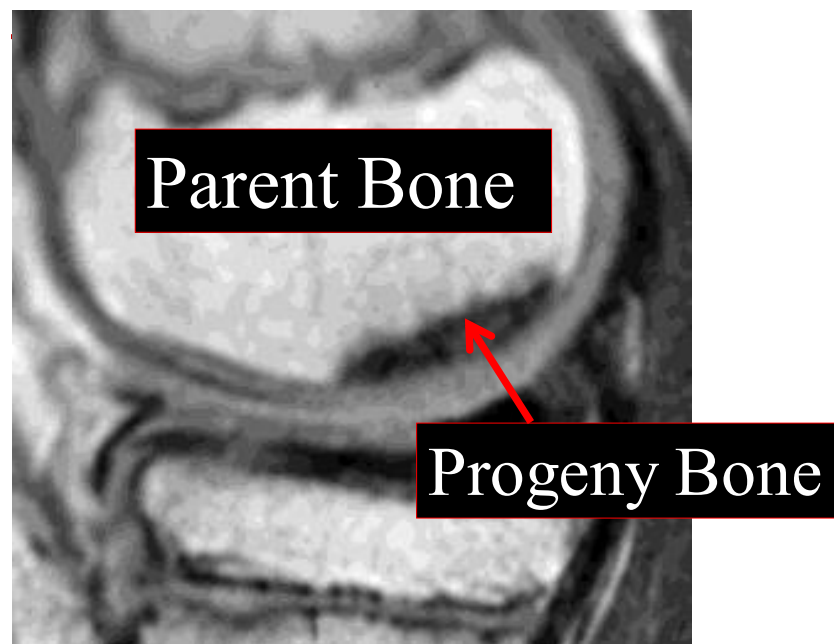
Anatomy

- Cartilage covers the joint surface at end of a bone.
- When healthy, allows:
 - Range of motion
 - Shock absorption
- Poor healing ability



What is OCD?

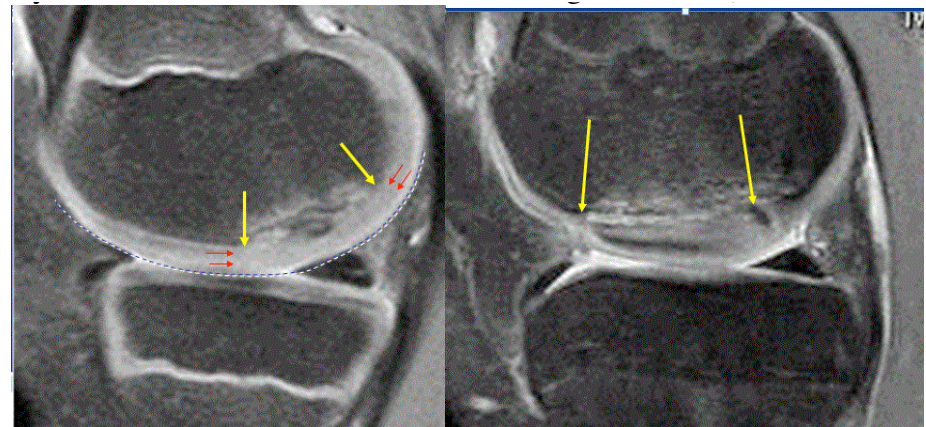
- **Injury to the bone** below the cartilage
 - Due to loss of blood supply from repetitive trauma
- Risk for instability and disruption of overlying cartilage
- **May result in early arthritis**
- Both knees in 25%



Can be a **3-4 procedure** problem

Without surgery....

- The OCD **won't heal**
- Continued **pain**
- **Poor** long term **function**
- **Loose bodies**
- **Locking/catching**
- **Loss of motion**
- **Increased arthritis**
- **Decreased** return to sport



Stable MRI

Unstable MRI

Knee Arthroscopy

Outpatient surgery (go home same day)

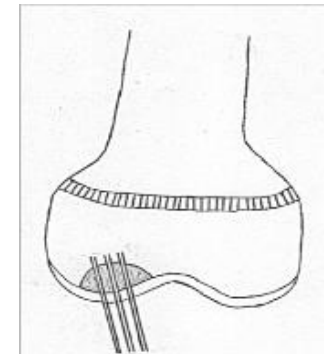
General anesthesia (asleep the whole surgery and won't feel anything)

Arthroscopic surgery with small incisions

Drill ~1mm holes through the OCD lesion into healthy bone to promote healing



Trans-articular drilling



Complications and Expectations

Anesthesia

Bleeding

Nerve injury

Infection

Stiffness

CLINICAL EFFECTIVENESS OF TRANS-ARTICULAR VERSUS RETRO-ARTICULAR DRILLING OF STABLE OSTEOCHONDRITIS DISSECANS OF THE KNEE: A, PROSPECTIVE RANDOMIZED CONTROLLED TRIAL BY THE ROCK STUDY GROUP

Reoperation (4%)

Healing (70%)

- Average 12 months

Return to running (avg. 6 months)

Improved outcomes scores

What to expect after surgery

Non-weightbearing with crutches

No brace

Back to school/work within a few days

Physical therapy starts 3-4 days after surgery

Return to sports typically 6-9 months

Conclusions

Goals = stimulate OCD healing, return to sports

Surgery generally results in OCD healing and improved outcomes

Low rate of complications

Slow, progressive rehabilitation is key

Return to sports (6-9 months)

Contact:

@DrMichaelSaper