

Knee Pain

What Causes Knee Pain?

There are many patients that Dr. Rosenberg treats and helps that have chronic knee pain. The typical patient is one that has already had knee surgery by an orthopedic surgeon but still has pain. There are many nerves that surround the knee joint that can be cut or damaged with routine surgery or trauma.

Patients are typically cleared by their Orthopedic Surgeon first to make sure there are no mechanical problems with the knee that would require their expertise.

When a nerve gets injured due to a traumatic injury or surgery the damaged portion of the nerve, the neuroma, causes shooting, stabbing and/ or throbbing pain. Patients experience pain when performing normal daily activities, such as walking, kneeling or climbing stairs. There are operations for some of these nerve injuries that can decrease and in most cases eliminate the pain.

Are There Non-Surgical Treatment Options for Knee Pain?

Patients should first consult their Orthopedic Surgeon or Sports Medicine doctor to determine if there are other underlying causes, such as a torn or stretched ligament, that can be detected with an X-ray or MRI. Many times anti-inflammatory medications or a cortisone shot may be prescribed. Physical therapy or use of a knee brace may also be recommended to provide temporary relief. There are also pain management specialists that may be able to help to diagnose and sometimes manage the pain especially for patients that are not good surgical candidates.

Who Is A Candidate For Knee Denervation Surgery?

Surgery is an option once it is determined that the pain is from a neuroma and that you are a good candidate for surgery. Dr. Rosenberg uses nerve blocks to determine which nerve is causing the pain. This is done by injecting the area surrounding the nerve with a local anesthesia similar to what a dentist would use on a patient undergoing dental work. The nerve block should last several hours and will allow the patient to see how the involved nerves will feel after surgery. After several hours the pain that existed before the block will return. Patients that are in good health and have appropriate responses to the local anesthesia block may be good candidates for surgery.

What Can I Expect During and After Knee Denervation Surgery?

Knee denervation surgery is an outpatient procedure taking about an hour. A general anesthetic is administered by an Anesthesiologist. Using microsurgical techniques Dr. Rosenberg finds the damaged area of the nerve (neuroma), he cuts it out and buries the healthy end of the nerve into a muscle. After Dr. Rosenberg is done with the operation a dressing is placed and the patient is transferred to the recovery room. There are some patients that notice an immediate difference in their pain as they wake up in the recovery room, others it can take up to several months. The patient is sent home and asked to use a walker or crutches for the first week to minimize the amount of pressure placed on the operative leg. After the first week the dressing is removed and the patient may put on a shoe and sock. The final sutures are removed three weeks after surgery and at this time the patient is released to normal activity.

Are There Any Risks Involved With Knee Denervation Surgery?

The biggest risk with this operation is that patients may still be left with areas of pain or there is no change in the amount of pain. The most common risks associated with any type of

surgical procedure include bleeding, infection and scarring. Other risks include an increase in pain or DVT which are very uncommon. Unfortunately some patients may continue to have pain and their body never responds to removing the nerve. These patients are often thought to have “centralized pain” which means their pain will not respond to procedures done on the nerve itself and instead need these patients need the expertise of a pain management specialist.

Who Is Qualified to Perform These Operations?

David S. Rosenberg, MD, is a plastic surgeon who has been specially trained in peripheral nerve surgery. He trained with Dr. Christopher Maloney and Dr. A. Lee Dellon MD (the founder of this procedure) at the Dellon Institutes of Peripheral Nerves Surgery. Dr. Rosenberg uses his extensive experience, education and training to ensure the best care and highest success rate for his patients’ surgical outcomes.