**TIP** ANALGESIA ADMINISTRATION

1. Employ traditional arthrocentesis techniques to sterilize the procedure site using an antiseptic swab and isopropyl alcohol pad.
2. Use a 25 gauge 1 ½ inch needle* with a 10cc syringe to administer analgesia of choice*. Administer a total of ~8-10cc of analgesia:
 - 2cc in the skin
 - 2cc in the capsule
 - Advance the needle into the joint to determine the angle for your cannula* and insert 2cc in the back of the joint
 - As you back the needle out of the joint, fan 2-4cc around the point of entry to ensure a wide analgesic margin.
3. Administer analgesia 8-10 minutes prior to the VSI procedure to ensure numbness along the cannula pathway.

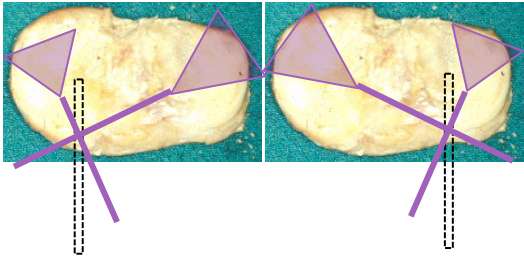
**25-GAUGE NEEDLE**

Using a 1½” needle can serve as a guide for the cannula trajectory. As you advance the needle into the joint, you can use the tip of your needle to probe within the compartment. If the needle touches the femoral condyle, it may be best to redirect distally or lower the portal entry.

ANALGESIA

Analgesia that includes epinephrine has been shown to minimize potential bleeding, but is not required for a VSI procedure.

1. Enter the joint, on the medial or lateral side, using a low arthroscopy port just off the patellar tendon: **0.5 – 1cm below the joint line and two finger breadths (2cm) off the tibial midline.**
2. Insertion point should be **perpendicular to the proximal tibial surface and parallel to the tibial midline.**
3. Use the **sharp trocar** to break through the skin (first pop) and to continue through the capsule (second pop). Switch to the **blunt trocar** to advance into the compartment.
4. Insert the cannula to an initial depth of 40-45mm. (For OA pathology, 45mm is ideal for good visualization).
5. Since the VSI endoscope has a 0° viewing angle reference hand position to guide scope adjustments.
6. Avoid irrigation until some visualization has been achieved. If there is irrigation resistance, the scope may not be seated in the knee compartment. Redirect and make sure you are 40-45mm in the compartment. If the compartment has a lot of fluid/viscous synovial fluid, use a 10cc syringe to aspirate before irrigating.
7. Irrigate in 1cc increments.
8. Place the knee under **slight varus/valgus stress to help open up the joint space.**

P osition	A ngle	D epth
<p>Low Arthroscopy Port:</p> <p>0.5cm – 1cm below the joint line and 2 finger breadths (2cm) off the tibial midline</p>	<p>Perpendicular to the proximal tibial surface and parallel to the tibial midline (not towards the notch)</p> 	<p>40-45mm</p> <p>For OA: 45mm</p>



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