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Introduction

Robotic tools need depth realization to work in space. Hence, miniature stereoscopic cameras are being developed to gain depth information. Along with 3D/4D ultrasound modalities being developed, they will help in mapping the anatomy of the so -tissue inside and outside the knee such as the ligaments, menisci, neurovascular structures, and tendons to allow for surgery. An extension of the robotic technology may in the future allow for full autonomous surgery under the supervision of an expert. Recent advances in arthroscopic knee surgery have enabled accurate restoration of anatomy with successful techniques involving repair, reconstruction, and replacement. With research and studies progressing in multiple directions, better outcomes in biological repair and augmentation can be expected in the future. Rapid strides in tissue engineering, regenerative medicine, and understanding of cellular mechanism, may help in the future to obviate the need for harvesting autogra s and allogra s [1]. Arthroscopic surgery, although much easier in terms of recovery than open surgery's till it requires the use of anaesthetics and the special equipment in a hospital operating room or out-patient surgical suite. e patient is given a general, spinal or local anaesthesia, depending upon the joint or

are also being inclucled in the list of indications for arthroscopy. Being an out-patient procedure usually' it has revolutionized the treatment