

PILGRIM HOSPITAL

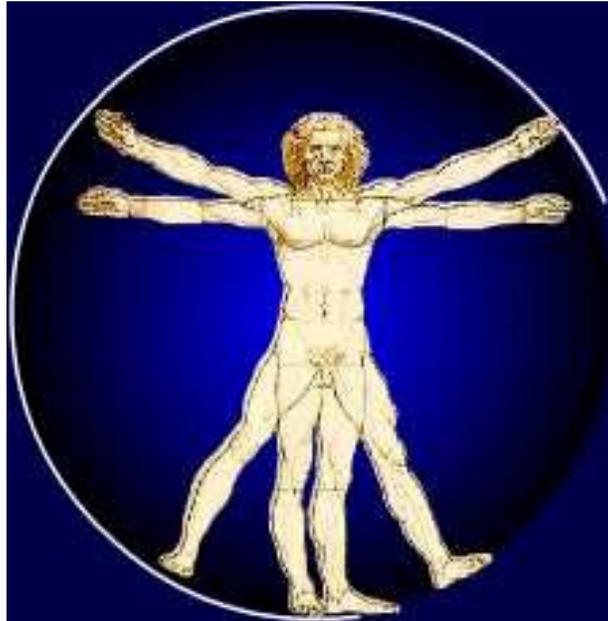
Orthopaedic Department

Arthroscopy: Knee

Patient Information & Exercise Folder

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Knee arthroscopy

Published by Bupa's health information team,

This factsheet is for people who are planning to have a knee arthroscopy, or who would like information about it.

Knee arthroscopy is a type of keyhole surgery, used to look inside and treat the knee joint.

Your care will be adapted to meet your individual needs and may differ from what is described here. So it's important that you follow your surgeon's advice.

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About knee arthroscopy

Arthroscopy is used to investigate what is causing your knee problems, and to treat a variety of knee conditions. Doctors use arthroscopy to diagnose problems such as arthritis and inflammation, and also use it to repair damaged tissue and cartilage. It's also used to take small tissue samples (biopsies), which can help with diagnosing things like infections.

Knee arthroscopy is performed through small cuts in your skin, using a special telescope (arthroscope) attached to a video camera. Compared with open surgery, arthroscopy is less painful, carries less risk of infection, and has a faster recovery time.

What are the alternatives?

Not everyone who has a knee problem needs to have an arthroscopy. In many people knee disorders can be diagnosed using non-surgical methods such as an MRI scan. An MRI scan uses magnets and radiowaves to produce images of the inside of your body. Some problems can be treated using physiotherapy and medication. Your surgeon can explain the benefits and risks of the procedure to you.

Preparing for your operation

Your surgeon will explain how to prepare for your operation. For example if you smoke you will be asked to stop, as smoking increases your risk of getting a wound infection and slows your recovery.

The operation is usually done as a day case under general anaesthesia. This means you will be asleep during the procedure. Alternatively you may prefer to have the surgery under local or regional anaesthesia. This completely blocks feeling from the knee area and you will stay awake during the operation. You may be offered a sedative with a local or regional anaesthetic to help you relax during the operation.

Your surgeon will advise which type of anaesthesia is most suitable for you.

If you're having general anaesthesia, you will be asked to follow fasting instructions. Typically you must not eat or drink for about six hours beforehand. However, some anaesthetists allow occasional sips of water until two hours before a general anaesthetic.

At the hospital your nurse will explain how you will be cared for during your stay. Your nurse may check your heart rate and blood pressure, and test your urine.

Your surgeon will usually ask you to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

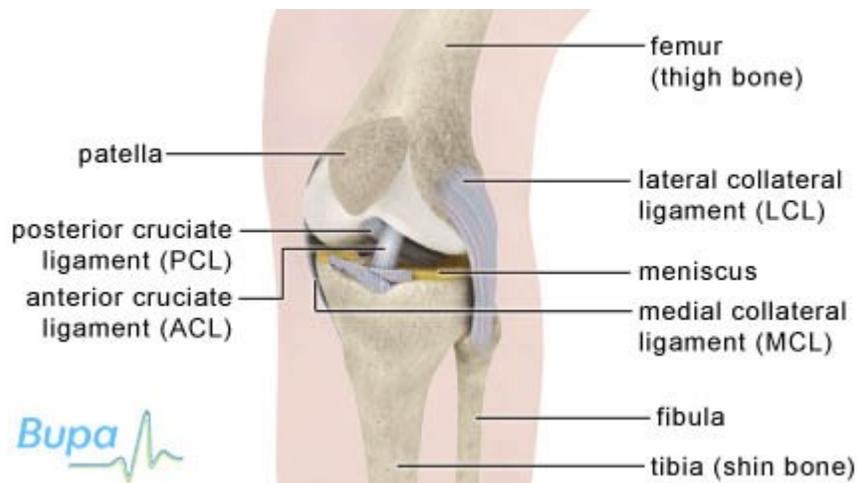
You may be asked to wear a compression stocking on the unaffected leg to help prevent blood clots forming in the veins in your legs. If you're at high risk of a blood clot you may need to have an injection of an anticlotting medicine called heparin as well as, or instead of, stockings.

About the operation

An arthroscopy can take from 30 minutes to over an hour, depending on how much work your surgeon needs to do inside your knee joint. Once the anaesthetic has taken effect, your surgeon will make small cuts in the skin around your knee joint. A sterile fluid is pumped into your joint to help produce a clearer picture and then the arthroscope is inserted.

Your surgeon will examine your knee joint by looking at images sent by the arthroscope to a monitor. If necessary, other instruments can be inserted to repair any damage or remove material that interferes with movement or causes pain in your knee.

Afterwards, the fluid is drained out and the cuts are closed with stitches or adhesive strips. Then a dressing and a bandage is wrapped around the knee.



The different parts of the knee

What to expect afterwards

You will need to rest until the effects of the anaesthetic have passed. After a local/regional anaesthetic it may take several hours before the feeling comes back into the treated knee. Take special care not to bump or knock the area.

You may need pain relief to help with any discomfort as the anaesthetic wears off.

You will usually be able to go home when you feel ready.

You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

Your nurse will give you some advice about caring for your healing wounds before you go home. You may be given a date for a follow-up appointment. A physiotherapist should also visit you to help get your joint moving and discuss exercising at home.

Dissolvable stitches will disappear in seven to 10 days on their own. Non-dissolvable stitches are removed a week after surgery.

Recovering from knee arthroscopy

If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen. Follow the instructions in the patient information leaflet that comes with the medicine and ask your pharmacist for advice.

General anaesthesia and sedation temporarily affect your coordination and reasoning skills, so you must not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards. If you're in any doubt about driving always follow your surgeon's advice and please contact your motor insurer so that you're aware of their recommendations.

In some rare cases, you may have to wear special pads, attached to an intermittent compression pump, on your lower legs. The pump inflates the pads and encourages healthy blood flow in your legs and helps to prevent DVT.

You may also be wearing compression stockings on your unaffected leg to help maintain circulation.

You will have a dressing and an elasticated bandage over the knee joint. These apply pressure to assist with healing. Your knee needs to be kept clean and dry for about a week. You should use waterproof plasters over your healing wounds when you take a shower and don't soak your knee in the bath until the cuts are fully healed.

You should continue with the exercises recommended by your physiotherapist, as they will help to improve your knee movement and strength.

Your knee joint is likely to feel sore and swollen for at least a week. This can last longer if you have arthritis. Try to keep your leg raised on a chair or footstool when you're resting. You should apply a cold compress such as ice or a bag of frozen peas, wrapped in a towel, to help reduce swelling and bruising. You shouldn't apply ice directly to your skin as it can damage your skin.

Follow your surgeon's advice about driving. You shouldn't drive until you're confident that you could perform an emergency stop without discomfort. This is usually about one week after the operation.

Your recovery time will depend on what, if any, treatment your surgeon performs on your knee joint. You should be able to resume your usual activities after three to eight weeks depending on the severity of your knee problems and your level of fitness.

What are the risks?

Knee arthroscopy is commonly performed and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of this procedure.

Side-effects

These are the unwanted, but mostly mild and temporary effects of a successful treatment, for example feeling sick as a result of the general anaesthetic.

After a knee arthroscopy you will have small scars on your knee from the cuts.

Complications

This is when problems occur during or after the operation. Most people aren't affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding or developing a blood clot, usually in a vein in the leg (DVT).

Arthroscopy complications can include:

- accidental damage to the inside of the joint
- loss of feeling in the skin over the knee
- bleeding into the joint
- the surgery may not be successful or it may have to be repeated

The exact risks are specific to you and differ for every person, so we haven't included statistics here. Ask your surgeon to explain how these risks apply to you.

Further information

- British Association for Surgery of the Knee
www.baskonline.com

After your operation

You will come back from the theatre with a padded bandage on your knee. This should be left undisturbed for 72 hours, although you can re-do it if it becomes loose. After 3 days you can take off the bandage. You may arrange an appointment with Practice nurse for the dressing to be reduced. The steri-strips, stick-on dressings closing the wounds, should be left on for 10-12 days. If they fall off before this, replace with sticky plaster. Please make an appointment with practice nurse for the wound check in 12 – 14 days.

Walking

You should be able to walk normally without a stick or crutches, although occasionally these might be needed. Do the exercises hourly and walk short distances regularly, keeping your leg up when you are sitting. Gradually increase the amount you do, but don't stand still for long periods or walk too far.

Stairs

If available, use the bannister or rail. Going upstairs, lead with the unoperated or `good' leg. Going downstairs, lead with the operated or `bad' leg.

Driving

Do not drive until you are fully confident that you are in complete control of your vehicle. It is also a good idea to check the terms of your car insurance, as some policies state that you must not drive for a specified period after an operation.

Work

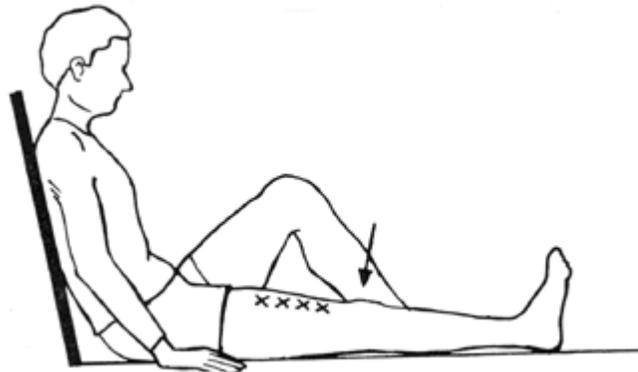
You may return to work when you feel able to do your job.

Exercises

Start the exercises as soon as possible, to maintain the strength of the knee muscles. The strength of the quadriceps (main thigh muscle) is vital to knee stability and the prevention of further injury. Do the exercises 10 times each day, every hour until your clinic appointment at 10 - 14 days.

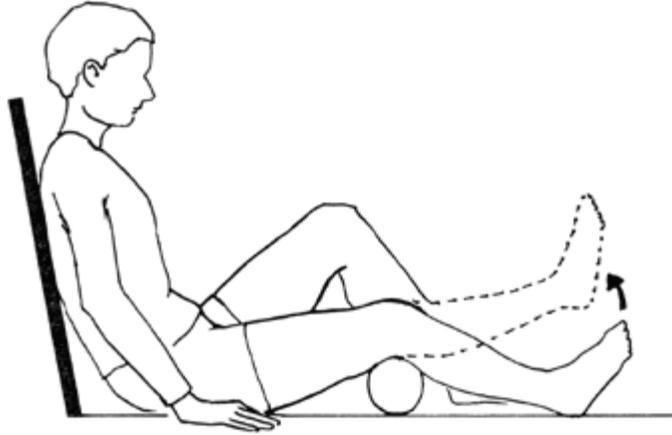
Exercise 1 Tensing the thigh muscles

Sit with your leg straight out in front of you. Tighten the muscles at the front of the thigh, pushing the knee down. Hold the contraction for 3 seconds.



Exercise 2 Heel lifts

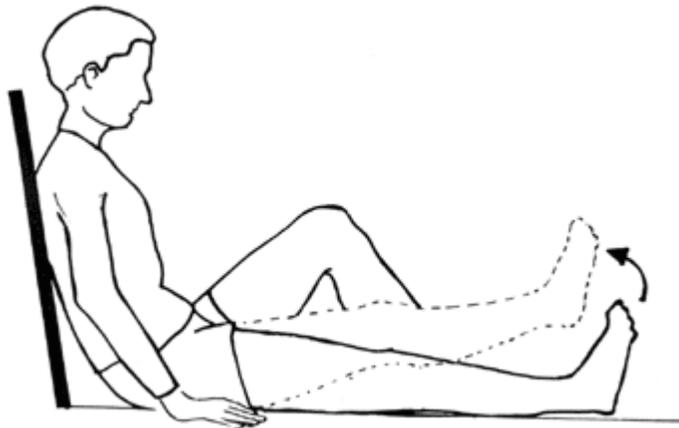
Sit or lie with a rolled-up towel under the knee. Keep the knee down on the towel and raise the heel. Straighten the knee completely and hold for 3 seconds.



Exercise 3 Straight leg raise

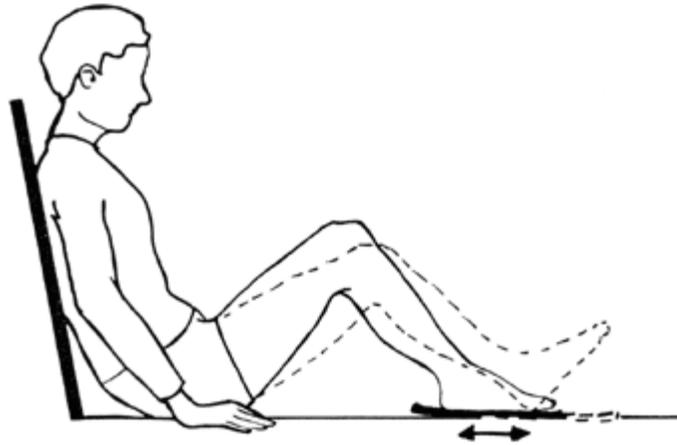
Lie or sit back against a support. Tighten the thigh muscles, straighten the knee and lift the whole leg up 6 inches from the bed or floor. Hold for 3 seconds.

Within 48 hours you can start to gently bend your knee. **Do not** force the bend, as this may make the knee swell. Your knee will bend naturally with time.



Exercise 4 Knee bends

Sit or lie with legs out straight. Bend your knee and hip by sliding your heel towards your bottom. Do not hold this exercise. When you have 90 degrees of knee bend, go on to Exercise 5.



Exercise 5

Sit on a chair. Straighten your knee from a bent position. Hold out straight for 3 seconds.



Further information

Dipakraj.co.uk
Aaos.org