University Hospital of North Staffordshire NHS
NHS Trust

Patient information

Knee Arthroscopy

Introduction

This booklet is designed to provide information about a knee arthroscopy and what to expect before and after this operation. It has been compiled by the Orthopaedic surgeons, nurses, physiotherapists and occupational therapists of North Staffordshire.

It is recommended that you read this booklet before your operation and write down any questions you may have. If you have questions, please feel free to ask a member of the surgical or nursing team. Your surgeon, nursing staff and therapists will be happy to answer any questions you have regarding your care.

Our staff's goals are to restore your hips to a painless, functional status and to make your hospital stay as beneficial, informative, and comfortable as possible.

General information

Welcome to the Orthopaedic Outpatients Department at the Hartshill Orthopaedic and Surgical Unit.

When you come for your appointments or to be admitted to hospital for your operation, there is a drop off point and disabled parking spaces outside the main entrance to the Main Clinic Waiting Area.

If you have difficulty walking, wheelchairs are available for your use. Please ask at the Reception Desk if you need to use one or if you need a porter to wheel you to the ward. If you are unable to sit for long periods please inform the clinic staff when you arrive so that they can find somewhere for you to lie down.

In the Main Waiting Area there is a WRVS coffee bar where you can buy snacks, sandwiches and hot and cold drinks. If you want to have a hot meal while you are waiting there is also a Dining Room in the building within walking distance.

Please inform the clinic staff when you arrive if you are diabetic, to help us to avoid you missing your regular meals.

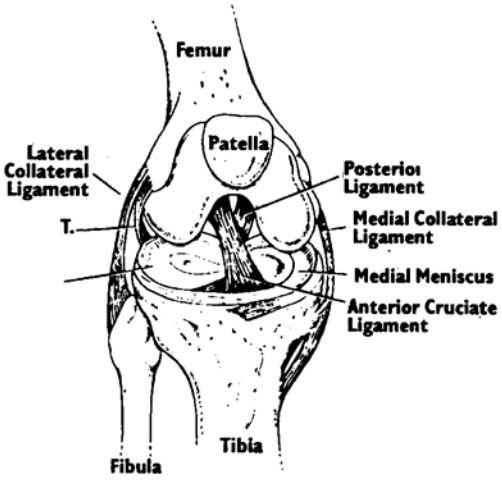
Please let us know as soon as possible if you are unable to attend for an appointment, so that your appointment slot is not wasted.

What is an arthroscopy?

Arthroscopy is the examination of the inside of the knee with a fibreoptic probe. It has become one of the most frequently used and accurate tools for diagnosis and treatment of knee injures. It is a surgical procedure which is performed as a day case.

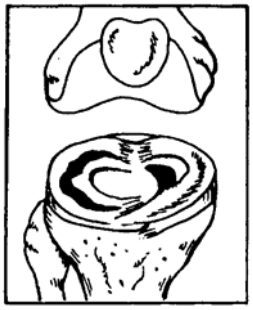
Through a few small incisions the surgeon can insert the arthroscopy instruments into your knee (keyhole surgery) The arthroscope allows the surgeon to see the entire knee joint and some injuries or disorders such as a cartilage tear can be treated by removal of the loose segment of the cartilage or on occasion a repair of the cartilage tear.

To help you understand your knee injury and the need for the arthroscopy it helps to know a little about the anatomy of a normal knee.



Common problems

Some of the more common knee problems include meniscus injuries, ligament injuries, degenerative disorders and patella derangements

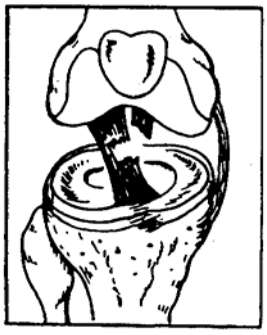


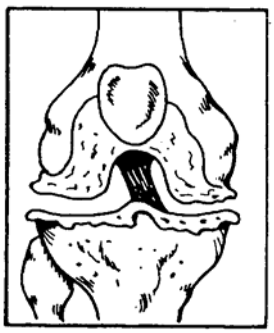
Meniscus Injuries

Menisci are the shock absorbing pads of cartilage in your knee. They may tear, split or fray

Ligament Injuries

Ligaments hold the bones together and stabilise your knee. Ligaments may tear completely or partially.



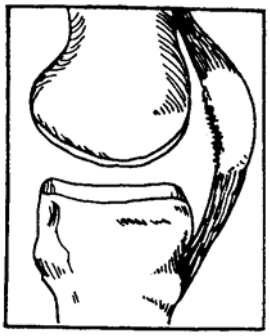


Degenerative Disorders

These are caused by changes in the joint surface cartilage. The cartilage may be rough or worn.

Patella Derangements

The patella is the round bone in the front of your knee. It may be rough underneath or may not be in the correct position



Risks and Benefits of Arthroscopic Surgery

Your surgeon has recommended you to have an Arthroscopy for you knee. It is however your decision to go ahead with the surgery and the further information in this leaflet may help you decide. If you have any questions that this leaflet does not answer you should ask your surgeon or any member of the health team.

Just because your knee hurts it does not mean an arthroscopy is indicated. Your surgeon will consider your symptoms and examine your knee. An ordinary X-ray is usually performed. A MRI scan can be helpful and if normal it is rare that an arthroscopy will be helpful to you.
If there are true mechanical features in your knee i.e. locking, giving way, jamming, it is more likely a problem such as a torn cartilage can be identified and put right.

What are the benefits?
The main benefit is to find out exactly what your problem is and in most cases treat the problem at the same time. It allows the surgeon to look inside all areas of the joint without a big incision. With keyhole surgery there is a lower risk of complications and a quicker recovery.

What will happen if I don't have the surgery?
Problems inside the knee vary – some may improve with time, some will stay the same and some problems will continue to get worse. You can ask your surgeon whether your particular problem will progress.

What complications can happen?
The healthcare team will try to make your operation as safe as possible, however some complications can happen.

1. Complications of anaesthesia
This can be discussed with your anaesthetist. These are rare, especially in young people

2. Complications of any operation

- Pain – this happens with any surgery. This will be controlled with medication and it is important that you take this.
- Infection in the wound (< 1 in a 1000)– this usually settles with antibiotics, but may require further surgery.
- Unsightly scarring – this is vary rare as arthroscopy scars are so small, but there may be a small lump for a few weeks.
- Blood clots in the legs (deep vein thrombosis) – these can move through the blood stream into the lungs (pulmonary embolus). You may be given treatment to reduce the risk of blood clotting.

3. Specific complications

- Bleeding in the knee – this may cause more swelling and pain and you may need a further arthroscopy to wash out the knee
- Significant swelling depending on the procedure – this may take several weeks to go down
- Infection in the joint – this is extremely rare, but may require a further wash out of the knee and a course of antibiotics

In a sense one of the most significant lack of benefit is that nothing is found that can be put right and you may continue with your symptoms.
On rare occasions parts of the instruments can break and can usually be retrieved. On rare occasions the operation cannot be completed through the very small puncture wounds where the endoscope is inserted and an open incision may have to be undertaken.

We cannot always advise you of this in advance and it is wise to consider this is always a possibility. It does not mean that a major complication has occurred but it may slow your recovery down and you may have a little more pain and need physiotherapy and splintage, or crutches for a slightly longer period.

Pre-Operative Assessment

You will be reviewed before the proposed date of your operation. This allows doctors and nurses to check to see you are medically fit for the anaesthetic and operation. Fresh x-rays and blood tests may be taken.

You will be questioned about your current health and past medical, surgical or medication history. Particularly important things to tell the nurse or doctor about are:

- any heart problems
- asthma or any particular shortness of breath problems
- any bad reactions to a previous anaesthetic

This is an opportunity to tell the nurse of any worries or special needs when you return home after your operation. The operation should not be performed if there are any active infections. If any infections, including a bad cold occurs before your admission, please telephone the Hospital Admissions Officer.
You must bring all your current medicines prescribed by your doctor to the Assessment Clinic and on admission to the ward.

Smokers must stop prior to surgery to lessen the likelihood of a postoperative chest infection.

However, if you are young, fit and healthy, a pre-operative assessment is usually not required.

Pre-Operative Instructions

Most arthroscopic surgery of the knee is undertaken as a day patient procedure under general anaesthetic. Do not eat anything or drink anything after midnight, unless otherwise instructed by the doctor at the hospital.

What to Bring to the Hospital

For day case surgery, personal toiletries may be brought in. Bring your routine medication with you and take routine medicines only as directed by the Anaesthetist or Surgeon.
Make arrangements to have a responsible adult available to drive you home after discharge following your day surgery and stay with you overnight. You will not be allowed to leave the hospital alone. You must not drive the same day as a general anaesthetic.

After Admission to the Hospital

After you are admitted there will be further discussion with the day surgery nursing staff. You may be visited by a physiotherapist who will advise you of simple muscle bracing exercises and use of crutches, however normally this will be done after the surgery.

Before the procedure the Anaesthetist will talk to you and assess the most suitable form of anaesthetic, most often a general anaesthetic (being put to sleep). At any time please ask about the anaesthetic and post-operative analgesia. You may be given a pre-medication to make your wait less anxious.
You will be carried to the operating theatre on a trolley or bed.

What does the operation involve?
An arthroscopy can be performed using a variety of anaesthetic techniques lasting for 30-60 minutes depending on the amount of treatment needed. Your anaesthetist will discuss options with you.

Under the anaesthetic your surgeon will examine the stability of the knee ligaments and the range of movement. The camera will be inserted via small cuts on the front of you knee. Your surgeon will examine inside the joint and treat and wash out any loose material. At the end of the procedure any excess fluid is drained from the joint and the incisions are closed with paper or normal stitches and covered with a light dressing.

After Your Operation

You will be observed and monitored for a short period in the Recovery Bay area which is close to the theatre. You may have a small drip in a vein which will be removed later in the Ward. Once you are breathing comfortably you will be allowed back in the ward to the Day Unit.
You may remain in the Day Unit for an hour or so but this may vary according to the surgical procedure and the type of anaesthesia. Various checks on your blood pressure etc will be taken and your circulation, sensation and comfort will be assessed.

Before discharge you will be asked to stand and walk. You may feel tired and dizzy but this is a normal reaction following anaesthesia. The physio team will assess whether you need crutches to help to walk with and show you how to use these. If you have stairs at home you will practice going up a few steps to make sure you are safe. They will also go through the knee exercises with you. It is not routine to attend outpatient physiotherapy, but if it is felt that you need further treatment then this will be arranged for you.

Analgesics (medication) for pain will be provided for you to take if you have severe pain. You should not drink alcohol when you are taking the medication. As your recovery progresses Paracetamol should be sufficient.

Discharge Instructions

You may feel a little drowsy for 24 or 48 hours and you should have someone at home. You must put as much weight on the operated leg as has been advised by your surgeon or physiotherapist. Keep your bandages clean and dry and do not remove them until you return to the clinic or as instructed by your surgeon. The dressing should not come into contact with water. If you bathe, cover the bandaged leg with a plastic bag, fastening securely beyond the upper edge of the bandage or dressing, with tape.

There may be a small amount of pink or red drainage through the outer surface of the dressing, which is normal. If this increases in amount over a 12 hour period you should report this to the Day Unit or to your General Practitioner.
Elevate the operated leg, if possible, in the first 48 hours and an application of an ice pack will also help reduce any pain and swelling. When sleeping a pillow should be used to keep your leg up. Elevation in the first few days is a precaution that can prevent post-operative complications.

Concerned? – Contact Us

Contact the Day Unit nurse or your General Practitioner if the following occurs:

- swelling
- tingling, (pain or numbness in your toes which is not relieved by elevating your foot for a period of one hour)
- foul smell with discharge or drainage from your bandage
- mouth temperature above 38.5ºC or 101 .3ºF
- pain in the operated leg which is not relieved by test, leg elevation or pain medication

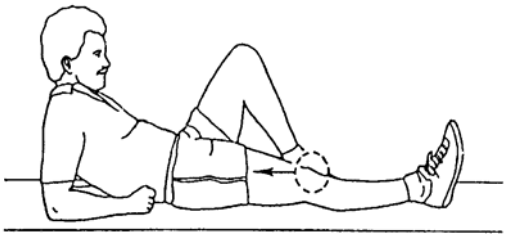
Further Information

The **Patient Advice and Liaison Service** would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email patient.advice@uhns.nhs.uk

University Hospital of North Staffordshire Internet Site - www.uhns.nhs.uk

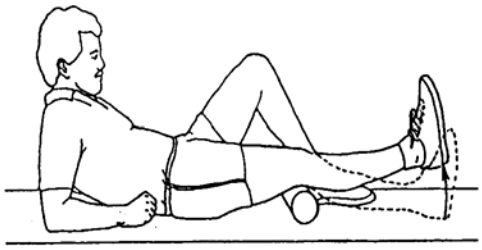
Exercises

These are general exercises and you may be advised to modify them by the physiotherapist or your surgeon, according to the different circumstances. You must practice these exercises because if you do not, the knee may feel weak and there may be a sensation of giving way.



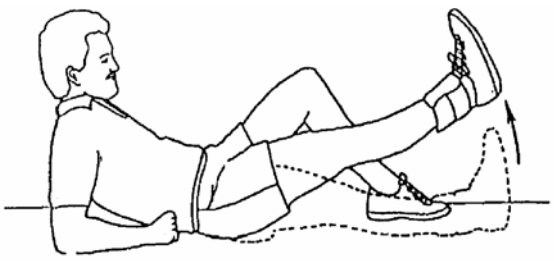
Quadriceps Set

The quadriceps is the front of knee muscle. Tighten this muscle to make your kneecap move - hold this contraction for 5 counts and then relax. This exercise is done with the leg straight and can be performed standing, sitting, or lying down.



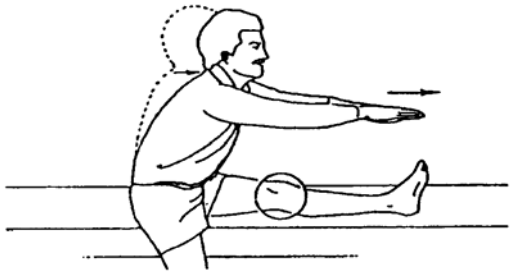
Terminal Knee Extension

Lie on your back and place a towel roll under your knee allowing your knees to bend slightly. Lift heel in order to straighten your leg. Hold for a count of 5 and then relax.



Straight Leg Raise

Lie on your back with opposite knee bent. Tighten the knee muscle performing a quad set. Lift your leg straight up slightly lower than your bent knee and hold 3-5 counts. The knee should be straight throughout the lift. Relax leg between each lift. To add resistance, secure weight on ankle. Begin with 1-2 lbs and gradually increase. Rest 30 seconds to 1 minute between each set of 10.



Hamstring Stretch

Straighten supported leg with the opposite leg off the side. Slowly lean forward until you feel a stretch at the back of your knee. Hold stretch for 10 counts. Do this with chin up, back straight, and without bouncing.