

Information for Patients following Knee Arthroscopy

Physiotherapy Service Therapies Directorate

This leaflet has been devised to act as a guide to you, of what to expect following your operation.

What do I need to bring into hospital?

- Toiletries and a towel.
- Dressing gown and slippers if you have them.
- Suitable clothes to go home in e.g. loose trousers/skirt.
- Diversional activity e.g. book/magazines.
- Walking aids if you use any at home.

When will I be admitted to hospital?

- You are admitted to ward, usually to the day case unit, on the morning of your operation.
- It is important to follow fasting instructions given in your letter to come in to hospital.

Day of surgery

- You will usually see your consultant, or one of their team, and the anaesthetist.
- You will sign the consent form for surgery, if not signed at pre-op clinic.
- When it is your theatre time, you will be taken to theatre, usually walking or in a chair.

Operation

An arthroscopy is an operation, which allows your consultant to look inside your knee joint using a special camera.

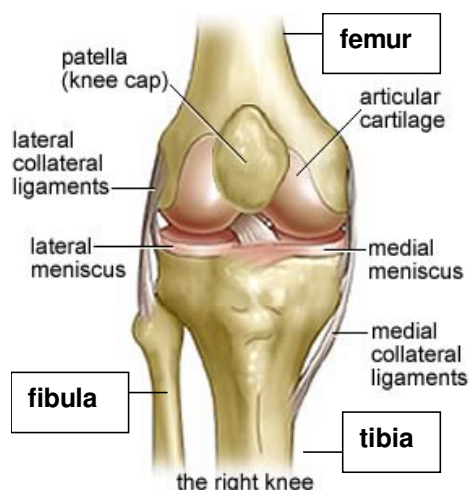
How is it done?

The procedure is usually carried out under general anaesthetic.

An arthroscopy involves inserting a fibre optic camera that is about the size of a pencil into the joint through incisions that are approximately 1cm in length. Fluid is then passed into the joint; this allows the structures in the joint to be seen. Then, using miniature instruments the structures can be examined.

Two or three incisions are often required, but occasionally it may be necessary to use a larger incision and it will be closed with staples.

Anatomy of a right knee joint



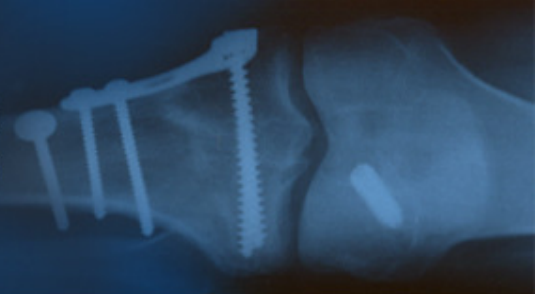
Between the thigh bone and shin bone are shock absorbers called the menisci (cartilage). There are two in each knee and they are made of soft cartilage similar to that in the tip of your nose.

They can be torn through injury. Usually this is a twisting injury. Also this cartilage becomes less flexible as we age and it can tear due to general wear and tear.

Partial Meniscectomy

During the arthroscopy, if a tear in the meniscal cartilage is identified it can be removed using small cutting instruments. As little as possible cartilage material is removed and the remainder is smoothed off.

If there are no other problems the results of doing this are excellent.



Meniscal Repair

Occasionally it may be possible to repair the cartilage depending on the size and location of the tear. It may mean being referred to another consultant for this to be done.

This procedure has a 60-70 in a 100 chance success rate. If it is successful the cartilage acts as though it has never been injured.

If a repair is required, then it is possible for this to be carried out through the same keyhole incisions needed for straightforward arthroscopy. Rarely this repair may require an incision of 3-5cms in length at the side of your knee and if so, staples/stitches would be needed.

You will need to walk with crutches for 2-4 weeks depending on comfort.

You will need to avoid bending your knee beyond 90 degrees when weight bearing for 6 weeks, and you will be unable to perform a deep squat for 3 months. This may delay your return to work and driving.

If the procedure is unsuccessful it will mean a further operation is necessary to remove the torn cartilage.

After the operation

- You will wake up in the recovery area of the theatre.
- You may have 2 or 3 small wounds, which will be covered with a small dressing.
- You will have a compressive wool and crepe bandage on your knee.
- It is normal for your knee to be a little sore and swollen for the first 48 hours.
- After about an hour you will be offered some water, and then if you feel okay you will be able to have food and a hot drink.

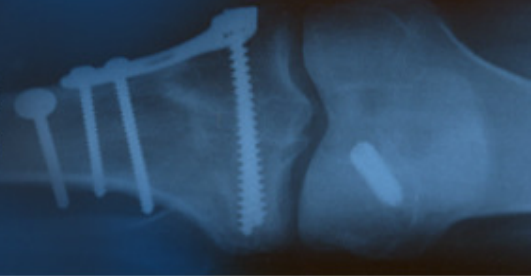
When you have had some food the physiotherapist will see you and explain the exercises you need to do at home. They will check you are walking okay and that you are safe on the stairs. You may need crutches.

- You will also probably be allowed to go home on the same day as your operation and you will be given some painkillers on discharge from hospital. It is important that someone will be with you overnight after the operation; otherwise you will have to stay in hospital overnight.

Benefits

These things should be improved following your operation, but remember this will not happen immediately. It can take 2-6 weeks for the knee to become less swollen.

1. Reduction of pain.
2. Your knee should stop giving way or locking.



Patient Information

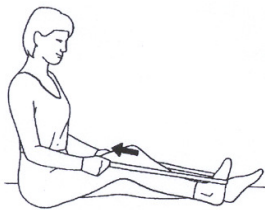
Risks

- 1 in a 100 chance of a portal infection.
- 1 in a 500 chance of septic arthritis (infection deep within the knee).
- 1 in a 100 chance of complex regional pain syndrome- An abnormal pain reaction to any surgery, which may need prolonged physiotherapy or a pain clinic appointment.
- 3 in a 100 chance of deep vein thrombosis (DVT) – clot in the calf.
- Pulmonary Embolism (PE) – clot in the lungs. Very rare following keyhole surgery to the knee but potentially life threatening.
- Ladies who take the combined oral contraceptive pill need to stop taking it 6 weeks prior to surgery.

Exercises

The following exercises should be started immediately, once shown by your physiotherapist and continued at home. These should be performed 4 times each day.

1.



Long sitting. Put a band around your foot. Bend your knee as far as possible. Gently pull the band to bend your knee a little more.

Hold 5 secs. Repeat 10 times.

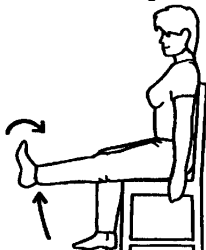
2.



Lying on your back with legs straight. Bend your ankles and push your knees down firmly against the bed.

Hold 5 secs. Repeat 10 times.

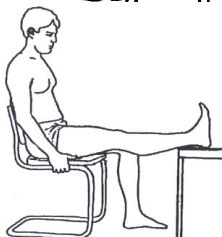
3.



Sitting on a chair, with the leg to be exercised supported on a chair as shown. Let your leg straighten in this position.

Hold 5 secs. Repeat 10 times.

4.

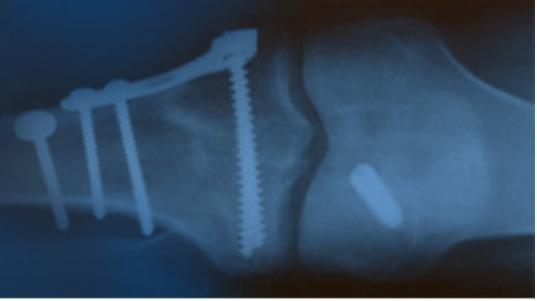


Sit on a chair. Pull your toes up, in your thigh muscle and your knee.

Hold approx. 5 secs. and slowly relax your leg. Repeat 10 times.

At home it is important to walk as normally as possible. For the first few days rest as much as possible with your leg elevated and move feet and ankles up and down to help your circulation.

Walking short distances around your home should be fine. Gradually increase your walking distance as pain and swelling allow.



Patient Information

If at any times your knee becomes acutely painful, you can take pain-killing tablets and it may be worth using ice to reduce your symptoms.

To do this, make sure the ice is in a sealed bag, and then wrapped in a damp towel. Alternatively a bag of frozen peas wrapped in a damp towel may be used. Apply the ice for no longer than 10 minutes at any one time. You can use ice every hour if necessary.

You will be seen around 2 weeks after the operation, as an outpatient, by your consultant's orthopaedic team. Staples/stitches will be removed now.

(if you have them) and it will be explained what was done during your operation.

Crutch walking:

Crutches and operated leg move first, and then follow through with your good leg.

Stick walking:

Use the stick in the hand opposite to your operated leg. Stick and operated leg move first, and then follow through with your good leg.

Stairs:

Keep both crutches or stick in one hand, hold the banister with your other hand. Going up stairs lead with your unoperated leg, when going down stairs lead with your operated leg. Always keep the walking aid on the same step as the operated leg.

GENERAL ADVICE

Showering

You may shower provided that you keep the affected area water tight, i.e. with a plastic bag or cling film around your leg and sealed. If the dressing becomes wet or soiled, please replace it with a clean dry one.

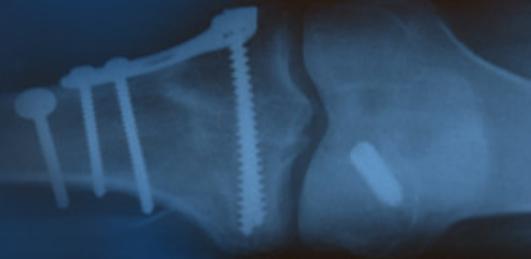
Return to work

For desk jobs this could be 5-7 days depending on pain and swelling. For manual jobs it may take 2-6 weeks depending on activities involved and how your knee feels.

After meniscal repair - if your job requires deep weight bearing squats, then, unless you can modify your work practise to accommodate avoiding this position, you may not be able to return to work until 3 months after the operation.

Driving

Return to driving can vary considerably from person to person. Most people are able to drive 1 to 4 weeks after surgery.



Patient Information

However, it is advisable that the following are achieved before trying to drive.

1. You should be walking without crutches with a minimal limp.
2. You should be able to safely perform an emergency stop.
3. You should feel confident that you are in full control of your car.

If you drive an automatic car and your left knee was operated on you can drive once the small wounds are healed.

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