Arthroscopy of the Knee

The information contained within this leaflet is only a guide and the timings and activities will depend upon your specific circumstances and Mr Hartley's individual instructions.

The booklet has been designed to help you understand and recover from your arthroscopy.

An arthroscopy (looking inside a joint with a special 'camera-type' instrument) is a surgical technique that allows Mr Hartley to see clearly inside your knee in order to treat the problem where possible.

Your Knee Joint

The knee is a hinge joint. It is formed by the lower end of the thigh bone (femur), the top of the shinbone (tibia) and the patella (kneecap) which sits in front of the knee.

In a healthy joint the bone ends and the underside of the kneecap are covered by articular cartilage, which allows the bones to glide easily against each other.

Cartilage does not contain any nerves and therefore the movement is pain free.

There is also another type of cartilage called the **meniscus**. There are two of these in the knee joint.

The menisci act as shock absorbers between the two leg bones.

The ligaments, tendons and muscle provide the stability and strength to the joint.

Pre-Assessment

You may be asked to attend the hospital during the two weeks prior to your operation for a general health check. Alternatively, this health check may be undertaken over the phone.

If you are asked to come to the hospital please bring an up to date list of any present medication, this can be obtained from you GP.

Health Promotion

It is essential that you are in the best of health possible to reduce the risks from having an anaesthetic and to help with your recovery.

It is very important that you prepare yourself for surgery as best you can. If you are unwell at any stage prior to surgery, call Mr Hartley's secretary to discuss further.

Your Surgery

Knee arthroscopy is usually done as a day case. This means that you come into hospital on the day of your operation and can go home on the same day.

The anaesthetist will discuss the anaesthetic options available to you, this will be either general anaesthetic or spinal (epidural) anaesthetic.

Once the decision on which anaesthetic will most suit you, the anaesthetist will either help you to sleep with a general anaesthetic via an injection in the back of your hand, or perform the spinal (epidural) anaesthetic which will numb you from the waist down.

The operation involves two small incisions (cuts) into the front of the knee joint below the knee cap.

Through the incisions a telescopic camera and instruments are put into the knee joint to allow Mr Hartley to see and treat a variety of conditions, e.g. cartilage or ligament tears, removal of loose fragments of bone.

Are there any Alternatives?

There are several ways of investigating knee joint problems, but arthroscopy is the only method that gives a direct view of the inside of the joint.

Common Knee Problems

- Torn cartilage (Meniscus)
- Ruptured/torn anterior cruciate ligament
- Articular cartilage wear and tear (arthritic changes/loose bodies)
- Anterior knee pain (patella)

If you have a torn meniscus (cartilage) Mr Hartley may remove the torn part or, in certain cases, may repair it.

If you have a torn ligament, Mr Hartley will not usually reconstruct it during the first operation. Possible treatments will be discussed after your arthroscopy.

If Mr Hartley finds a loose body this will be removed through the small cuts.

If you have arthritis Mr Hartley will wash the joint out with a saline, which can improve your symptoms for some months. However, the arthritis will remain and take its own course.

If you have patellar symptoms, they may be due to tight soft tissue on the outside of your knee joint. These tissues may be cut to release them, this is known as a lateral release.

Following surgery the cuts will be closed with steristrips or small sutures. Your knee will then be wrapped in wool covered by a crepe bandage.

In some rare cases it may be necessary to put a drain in the knee, which allows excess fluid e.g. blood, to drain off your knee. This will be removed the day following surgery, and will require you to stay in hospital overnight.

Complications

With all surgery there is a risk of complications - thankfully they are rare.

Wound infection - if the wound or directly surrounding areas become red, inflamed, painful or start weeping, please contact the hospital or consult your GP.

Blood clots - surgery to the leg can sometimes cause a clot to form in the veins. To prevent this keep moving your legs and practice the exercises given to you by the physiotherapist.

After Surgery

On return from theatre you will be encouraged to move the knee as much as comfort and the dressings allow.

You will already have been given a walking aid (usually crutches) before the operation. You will be able to walk normally unless instructed otherwise by your physiotherapist, who will decide how much you need to use any walking aid.

Once safely mobile you will be allowed home, usually three or four hours after operation.

You will need to be driven home. (If possible, please arrange for a friend or relative to collect you), and have a responsible adult (friend or relative) at home with you for the first one to two days

After Discharge

The heavy bandage dressing will usually require removal at 48 hours post op. You may do this yourself or organise an appointment with the nurse at your GP practice when you leave hospital.
You will be given dressings on discharge to keep the ports covered until review in the outpatient clinic. You will be given a form to hand to the practice nurse.

Bathing

Once the crepe bandage has been removed you may shower getting the dressings wet, however, you should avoid soaking the dressings for two weeks. After washing, pat dry carefully.

Swelling

It is not uncommon for your knee joint to be swollen following an arthroscopy.

To reduce swelling elevate your leg on a pillow and do not excessively dangle your leg for long periods in the first few days.

If your knee becomes swollen, an ice pack may help. Ice packs should be applied for 20 minutes after exercise to help relieve pain.

How To Prepare An Ice Pack

Soak a towelling bag or pillow case in cold water and wring out

Place ice cubes in this and crush (alternatively, a 1lb pack of frozen peas placed in a wet towel or bag can be used)

Make into a parcel and place on the swollen area for up to 20 minutes. The skin will then be pink.

Do not let any unwrapped ice come into contact with the skin as this will cause an ice burn.

Repeat this 2 or 3 times a day until the swelling has subsided.

Pain relief

You will be given analgesia to take home. It is advisable to take this for the first 2-3 days post op, and then as you feel more comfortable reduce the frequency of taking it.

Driving

You should not attempt to drive until you feel confident to carry out a full emergency stop procedure and able to walk without stick/crutch and without limping.

This will be at least 7-10 days post op on average.

Back To Work

This depends on the nature of your job. If you have a sedentary occupation (mainly sitting down) then on average most people will go back to work within 1-2 weeks.

Those who work in more strenuous occupations may require 2-4 weeks off work. Mr Hartley will advise you.

Exercise

You may return to light gentle exercise, such as swimming or light gym work, at approximately 2 weeks post op. If you wish to go swimming, you need to wait for your wounds to heal fully before starting.

Sport

This depends on the sport you wish to return to and the surgery that has been performed. Mr Hartley will advise you. However, you should not run for 4-6 weeks post op.

NB - If you experience bleeding from the wound sites or develop swelling or pain in the calf following exercise, contact the hospital or your GP.

Physiotherapy

Exercise is important to ensure a successful and full recovery.
Strengthening the muscles (quadriceps & hamstrings) which support the knee and improving your joint mobility will ensure joint function is regained.

You will be given appropriate exercises to do post-operatively by the physiotherapist looking after you