Knee arthroscopy surgery

Patient information guide
Introduction

This booklet will provide you with useful advice and general guidance to help in the recovery process after your knee arthroscopy surgery.

What is knee arthroscopy surgery?

Knee arthroscopy involves the insertion of a tiny computerised camera and special instruments into the knee joint through two or three “key hole” incisions around the knee joint.

The arthroscope (camera) allows the surgeon to see inside the joint to make a diagnosis and, if possible, treat the problem at the same time.

Anatomy
Why do I need a knee arthroscopy?

You may have one of the following conditions that can cause pain, swelling, and instability

- **Meniscal tears** (cartilage tears) – This is the most common knee injury causing problems on rotation of the knee. The C shaped cushions of cartilage act as shock absorbers for the knee during movement. Depending on the size and location of the tear, the meniscus may be repaired, trimmed or removed.
- **Damaged articular cartilage** (bony joint surface) – This is the part which gets worn in arthritis and can be “shaved” or removed depending on how badly damaged it is. The condition of this may indicate the need for joint replacement or other procedures.
- **Loose bodies** – fragments of cartilage can flake off the joint surfaces and float in the joint causing locking. These can be removed during arthroscopic surgery.
- **Damaged ligaments** – assessing the ligaments stability can help decide if further surgery is required e.g. Anterior Cruciate Ligament reconstruction.

What happens at the pre-assessment clinic?

You will be pre-assessed by nurses to make sure that you are fit for surgery. Any concerns the nurses have will be highlighted to the surgeon and the anaesthetist if necessary. You will be given information regarding your procedure and you can ask any questions you have at this time. The nurse will check your temperature, blood pressure and pulse. Your weight and height will be measured and a sample of urine will be requested when you arrive Swabs will be taken for MRSA testing and a tracing of your heart may be taken, blood sample and possibly an x-ray. An MRI scan may be required before your surgery.

The surgeon will examine you and discuss the procedure and you can ask any questions. At this consultation you will be asked to sign a consent form stating that you have understood what is involved and that you are willing to go ahead with the surgery. You may be examined by the ward medical staff as well during your time at the clinic.
What happens when I come into hospital?

You will be brought in early in the morning for your surgery and discharged later in the day. Sometimes an overnight stay may be required. You will be seen by the anaesthetist before surgery who will answer any concerns you may have and explain any procedures. You need to have a general anaesthetic for the operation. Normally you will be required not to eat or drink for about six hours before your operation. However, some anaesthetists allow a few sips of water up to two hours beforehand. You will be told before admission of your fasting instructions.

What can I expect after surgery?

Your knee may be painful and swollen especially around the incision area. This can persist for a while. Your leg will have a large crepe bandage, which is to stay in place for 24 hours. Under this will be a few dressings which can be left in place for 14 days unless there are any signs of infection, e.g. unusual leakage, heat, increased pain or swelling or feeling unwell. If you have any concerns contact your doctor or call 0141 951 5554 for advice.

You will be advised to follow P.R.I.C.E. guidelines (see below) and apply ice to your knee at regular intervals to reduce swelling and pain. Before discharge you will be given pain relieving medication and you will be advised on when and how often to use it.

A general anaesthetic can temporarily affect co-ordination and reasoning skills, so people are advised to avoid drinking alcohol, making any vital decisions or signing legal documents for 24 hours afterwards.

You will need a responsible adult to take you home and stay with you for the next 24 hours.

If you have stitches, you will be seen two weeks after your surgery to remove these either at the review clinic, GP surgery or by the District Nurse. The surgeon will decide when your follow up appointment will be.
P.R.I.C.E. guidelines

Protect: Use of elbow crutches as pain allows (see below)

Rest: When resting your leg make sure your knee is straight. Do not rest the back of your knee over a pillow.

Ice: Apply ice for 20 minutes to reduce swelling. Always place the ice pack over a damp cloth to protect your skin from an ice burn.

Compression: Keep your tubigrip in place for walking if your knee is swollen.

Elevation: When resting your leg, elevate it ensuring your whole leg is supported. Elevation should be to the level of your heart or above.

Pain control

In the initial period after your operation, it is more effective to take your painkillers regularly, as they have been prescribed.

Physiotherapy and exercises

You will be seen by a physiotherapist before your operation to demonstrate the use of elbow crutches, practice some exercises and safe stairs technique (see overleaf).

After your operation, most patients will not require out-patient physiotherapy, and will be advised to continue with the exercises in this booklet until you achieve the full movement in your knee. If out-patient physiotherapy is required, this will be arranged for you and your local physiotherapy department will contact you with an appointment.
**Elbow crutches**

After your surgery, you are routinely allowed to place as much weight as is comfortable through your leg, unless advised otherwise by your surgeon. The elbow crutches are to be used for pain relief and stability.

Your physiotherapist will advise you when it is appropriate for you to stop using your crutches. This is usually when you are walking comfortably which is usually within two to three days but people recover at different rates.

**Driving**

You should not drive for approximately two weeks after surgery. This period may vary dependant on your recovery, however this should be confirmed by your consultant.

It is recommended that you contact your insurance company and inform them of your surgery.

It is also advised that you attempt an emergency stop before you return to driving.

**Returning to work**

Return to work is dependent on the nature of your occupation. You should discuss this with your Consultant. If your job involves sitting for the majority of the day, you can return within a week. If your job is physically demanding and involves heavy manual work or standing for long periods, then two to six weeks off work may be necessary depending on your recovery.

**Returning to sport**

This depends on the sport you wish to participate in, and if you think you are recovering well. If unsure, delay your return. The following are recommendations, you should consult your orthopaedic surgeon if you have any specific questions.
Two weeks - return to the gym.

Six - 12 weeks - return to racquet sports, football/rugby, climbing, snowboarding/skiing and golf.

Once you return to competitive activities, you are advised to participate at a lower level for one to two months. A good warm-up is advisable to help prevent re-injury to the knee.

**General advice**

All information provided in this booklet is for guidance only and is not exhaustive. Detailed, individualised instruction will be provided by your surgeon and physiotherapist.

Useful site: www.orthoinfo.org
**Stairs technique**

A. Walking up stairs.
   - Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.

B. First take a step up with your healthy leg.
   - Then take a step up with your affected leg.
   - Then bring your crutches up on the step.
   - Always go one step at a time.

A. Walking down stairs.
   - Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.

B. First put your crutch one step down.
   - Then take a step with your affected leg.
   - Then take a step down with your healthy leg, onto the same step as your affected leg.
   - Always go one step at a time.
## Physiotherapy exercises

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Image</th>
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<tbody>
<tr>
<td>Lie on your back with your legs straight.</td>
<td><img src="image1" alt="Back exercise" /></td>
</tr>
<tr>
<td>Bend your ankles and push your knees down firmly against the bed. Hold for five seconds and relax.</td>
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<tr>
<td>Repeat 10 times, four times a day.</td>
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<tr>
<td>Sit on a chair with your feet on the floor.</td>
<td><img src="image2" alt="Chair exercise" /></td>
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<tr>
<td>Bend your knee as much as possible.</td>
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<tr>
<td>Repeat 10 times, four times a day.</td>
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<tr>
<td>Sit with back supported as in the diagram. Place a rolled towel / wedge under your knee.</td>
<td><img src="image3" alt="Towel exercise" /></td>
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<tr>
<td>Bend your ankle, straighten the knee and push it down against the towel. Then lift your leg 1cm off the towel. Return to starting position.</td>
<td></td>
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<tr>
<td>Repeat 10 times, four times a day.</td>
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<tr>
<td>Stand leaning with your back against a wall and your feet about 20cm from the wall.</td>
<td><img src="image4" alt="Wall exercise" /></td>
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<tr>
<td>Slowly slide down the wall until your hips and knees are at right angles. Return to starting position.</td>
<td></td>
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<tr>
<td>Repeat 10 times, four times a day.</td>
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