Arthroscopy of the knee

Patient Information by Mr Stefan Weitzel, Consultant Orthopaedic Surgeon

General Info

This leaflet provides general information to a patient undergoing **keyhole surgery (arthroscopy) of the knee** for reference both pre- and postoperatively. There may be individual differences of the exact procedure carried out and/or the recommended postoperative rehabilitation protocol, and therefore this may be used only as **a general guide**.

For specific questions or concerns please do not hesitate to get in touch through the practice manager on 020-32914143 or via laura@weitzelortholtd.co.uk

What happens before surgery?

Patients who have been booked for knee arthroscopy surgery will receive admission information directly by the hospital. They may be contacted by the pre-admission team and may have to attend preoperatively for some basic tests (e.g. bloods, heart tracing (ECG), MRSA swab) to confirm anaesthetic fitness and ensure perioperative safety.

Day of surgery

On the day of the surgery there will be a further opportunity to discuss the exact nature of the surgical procedure recommended with the surgeon as well as details of the postoperative recovery & follow-up arrangement. In addition, benefits and potential complications will be re-explained and documented on a consent form that is signed by both the patient and the surgeon.

Detail of surgical procedure

The procedure typically involves two small incisions in the front of the knee through which the arthroscope (camera) and any instruments are introduced into the joint. This allows the assessment of the lining of the joint and any required procedures to be carried out such as trimming of a torn meniscus (buffer cartilage), unstable articular cartilage damage and/or the removal of a loose body. The skin stab wounds are sutured and dressed. Routinely a local anaesthetic injection of the knee is administered by the surgeon before the end of surgery to reduce postoperative pain for 12 to 24 hours.

Anaesthetic

Surgery is normally carried out under general, spinal or regional anaesthetic and the anaesthetist will discuss with the patient the most suitable technique.

Before discharge

Postoperatively, the patient will be supported with a soft bandage and be asked to elevate the leg for at least 2hours to reduce any early bleeding. Thereafter, full weight-bearing is allowed. Rarely, more complex treatment of cartilage restoration (e.g. "micro-fracture") is required and this is normally discussed prior to surgery. In this case protected weight-bearing is recommended and off-loading with crutches is required. Suitable pain relief in the form of tablets is provided prior to discharge. For most patients this is a day case procedure, but some may choose tom stay overnight for various reasons including slow recovery from the anaesthetic.

Clinic follow-up & return to activities including work

The patient is usually asked to reduce the bandage at about 3 days postoperatively and material to redress the wound and apply an elastic compression stocking (tubigrip) to control swelling would have been provided. The patient is encouraged to commence gentle range-of-movement exercises according to provided instructions. Follow-up usually takes place in clinic after about 1-2 weeks, for wound check and removal of sutures if required. At this stage a discussion takes place over the further rehabilitation plan and when to return to everyday and other activities. Many patients in sedentary jobs (e.g. office work) may now be able to return to work fully or in modified capacity. Patients in physically more demanding professions may have to delay return to work until after 3-6 weeks. Physiotherapy is usually commenced from around 2 weeks after surgery. Occasionally recovery may be slow and progress over a few weeks. If more complex procedures are carried out such as micro-fracture or meniscal repair surgery the recovery is usually prolonged due to longer healing time. For this off-loading with crutches and/or splintage may also be required.

Complications & Outcome

Early postoperative risks include *bleeding* (which may rarely require an early change of dressing) and *wound healing problems & infection*. The latter is rarely serious and responds quickly to regular wound care and a short course of oral antibiotics. *Nerve problems* may be noted when the dressing is reduced and are either experienced as a reduced sensation or tingling around the surgical scars. This is usually temporary but uncommonly can be permanent (but even then is rarely troublesome). This almost always resolves with physiotherapy and joint mobilisation over a period of months.

Thrombo-embolism (blood clot) in calves and/or lungs is very uncommon in arthroscopic knee surgery in patients without significant risk factors (e.g. previous or family history). Therefore, medical thrombo-prohylaxis is not routinely recommended but a compression stocking is usually offered by the nursing staff for the immediate postoperative period.

Longer term risks include significant and persisting *stiffness and/or pain.* However, a general outcome review shows that a large majority of patients get significant improvement with surgery (>80%) depending on the exact problem treated. In the presence of significant degenerative arthritis residual or recurrent symptoms are likely, and a small number of patients may experience no benefit or even worse symptoms.