

A knee arthroscopy is a minimally invasive surgical procedure where a camera is inserted into the knee joint for evaluation and treatment of a variety of knee

This brochure will provide information as to the nature, risks and benefits of knee arthroscopy. It is important that you read it fully and ask questions if there is anything you do not understand.

Normal Knee Anatomy

The knee is a weight bearing joint which acts like a hinge: the tibia (shin bone) moves on the femur (thighbone). The bones are held together with supportive ligaments and tendons and supported by the muscles. The patella (knee cap) sits at the front of the knee in a groove made by the joint between the femur and tibia.

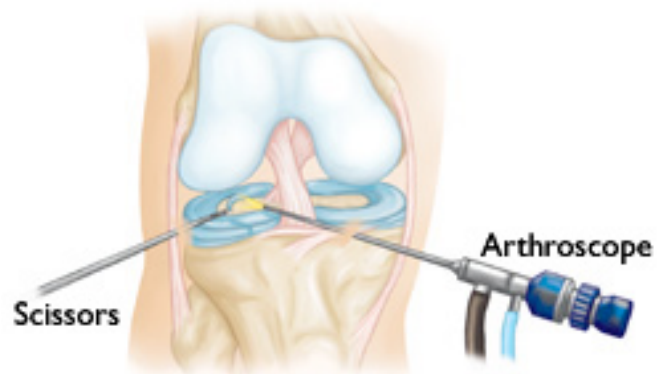
A durable, smooth soft tissue called articular cartilage coats the joint surface of the femur & tibia bones, and the underside of the patella. It cushions them and enables them to move smoothly on one another.

Knee Arthroscopy

Knee arthroscopy is key-hole surgery of the knee joint using a fibre-optic camera only 4.5mm in diameter. The camera is attached to a video monitor.

Knee arthroscopy allows the surgeon to safely see inside the joint and perform procedures to correct problems found.

Compared to open techniques, incisions are smaller and recovery periods are shorter. Although not all patients can be treated with arthroscopy, in many cases arthroscopy can be used instead of a bigger operation to get the same effect.



Knee Arthroscopy. Source: American Academy of Orthopaedic Surgeons

Indications

Indications include:

- Evaluation and diagnosis: As knee arthroscopy allows the surgeon to visualise the joint when the cause of symptoms may be otherwise unknown
- Removal of loose bodies including bone chips and torn cartilage that may cause pain, stiffness and limit movement of the knee
- Repair or reconstruction of torn ligaments which may be causing pain, stiffness or instability
- Realignment procedures if the knee cap is moving in an abnormal way
- Partial Synovectomy: in patients with inflammatory arthritis, removal of portions of inflamed synovium (joint lining) can help to decrease pain

Expectations of Surgery

Patients must remember your surgeon cannot guarantee that this surgery will meet all of your expectations or is free from risk. It is important to ask your surgeon if you are unsure or seek the opinion of another surgeon if still unsure. Not everyone will get the same results. The goal is to relieve your pain and improve your function.

Risks and Complications

Knee arthroscopy is a low risk procedure. Serious complications are rare and almost all resolve on their own with time.

General complications can occur after any operation and can include: allergic reactions to medications/implants, loss of blood during surgery that may require a blood transfusion, heart attacks, strokes, kidney failure, nausea, pneumonia and urine infections.

Specific risks of knee arthroscopy

Infection: occurs in about 1 in 100 patients. It can be treated with antibiotics but may require further surgery.

Blood clots: (Deep Venous Thrombosis): can form in the leg veins and travel to the lungs (Pulmonary Embolism). They can occur after any type of surgery, or even without any surgery at all. Rarely they can cause serious problems and even be life threatening. If you get calf pain or shortness of breath at any stage, you should see a doctor.

Failure to relieve symptoms: Unusual but may occur, especially if some pain is coming from other causes.

Damage to ligaments around the knee are rare but can occur, particularly if the knee is very tight.

Damage to nerves or blood vessels is also rare but can lead to weakness and loss of sensation in part of the leg. Damage to blood vessels may require further surgery if bleeding is ongoing.

Osteoarthritis of the knee may occur later in life but this is thought to be secondary to the damage to the knee from injury, rather than because of the surgery.

Before your surgery

Pre Admission Clinic (PAC)

Prior to your planned surgery date, you may need to attend the Pre-Admission Clinic to receive information about your hospital stay, commence planning for discharge from hospital and to ensure you are fit for surgery. The clinic appointment can take up to 3 hours as you will be reviewed by the anaesthetist, orthopaedic doctor and nurse. If you require any further tests prior to surgery they will be organised at this time.

What sort of anaesthetic will I have?

The Anaesthetist will discuss with you the type of anaesthetic, which is best for you. Any questions regarding your anaesthetic can be asked prior to your surgery.

After your surgery

Most patients have only mild discomfort when they wake up. There will be a dressing over the skin incisions. It is important to keep the incisions clean and dry.

There is usually no weight bearing restriction after the operation and you can put as much weight through the knee as is comfortable. Most patients use crutches for comfort for a few days. You will be seen by a physiotherapist after your surgery and they will assess your mobility and introduce you to a gentle exercise program. Try not to over-exert too early after the procedure as this may cause more discomfort and swelling. You should gradually reintroduce and build up activities as your symptoms allow.

Some swelling in the knee is to be expected and is best treated by elevating your leg when seated for the first few days after surgery. An ice pack applied for 20–30 minutes every few hours may help to reduce swelling.

How long will I be in hospital?

Most patients go home the same day as the procedure

What kind of pain relief will I need?

The method of pain relief to be used for you will be decided by your surgeon and anaesthetist on the day of your operation.

When can I drive?

You can drive a car as soon as you can do so without discomfort – usually within a few days. If your job is seated at a desk you can usually go back to work after two weeks. People with more physical jobs may need 6 weeks off before returning.

A slow return to sport can start often after 4–6 weeks. Some patients will have mild discomfort for 3–4 months after the procedure. The degree of joint damage seen at arthroscopy is the most useful predictor of this.

What happens when I go home?

Commence the exercises that are provided with this handout, the doctor will refer you to physiotherapy if required at your review appointment.

When will I see the doctor?

A follow up appointment will be made for you to return to the hospital. Information will be sent to your general practitioner regarding the date and type of surgery.

Patients are advised to follow the following instructions:

- Avoid driving immediately after surgery and only do so when you can comfortably
- Keep the dressing on the operation site clean, dry and intact. After 14 days or when instructed, remove the dressing and leave the operative exposed.

Contact your local doctor for the following:

- Fever, swelling, redness, itching or excessive pain
- Persistent tingling in the leg or toes or change of colour in the foot
- Nausea and/or vomiting persisting for more than a few hours

Links and references

- All about hips and Knees: <http://www.hipsknees.info/>
- <http://orthoinfo.aaos.org/topic.cfm?topic=A00299>

Contact



MELBOURNE HEALTH



The information contained in this brochure is for educational purposes only and is not intended as a substitute for consultation with a doctor or health care professional

Knee Arthroscopy Exercises

These exercises are to be completed 3 times a day.

Lying on your back with legs straight.

Bend your ankles and push your knees down firmly against the bed. Hold 5 secs. - relax.



Repeat 10 reps x2 times.

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Lying on your back. Put a cushion under the other knee.

Exercise your straight leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the cushion).

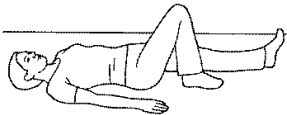


Repeat ___ times.

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Lying on your back.

Bend and straighten your leg.

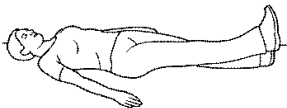


Repeat ___ times.

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Lying on your back.

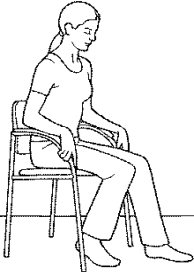
Tighten your thigh muscle and straighten your knee. Lift your leg ___ cm off the bed. Hold ___ secs.



Repeat ___ times.

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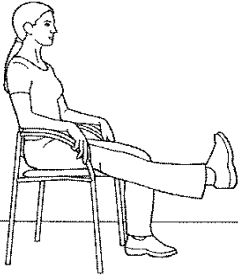


Sit on a chair with your feet on the floor.

Bend your knee as much as possible.

Repeat ___ times.

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Sit on a chair.

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold approx. 5 secs. and slowly relax your leg.

Repeat ___ times.

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