Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Following a Knee Arthroscopy

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Patient Information

Inpatient Physiotherapy Service

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Introduction

This leaflet aims to help you gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust. Each person's operation is individual, and you may be given specific instructions that are not contained in this leaflet. This guide has been prepared to help you recover from surgery and to answer many frequently asked questions. It is designed to complement the advice of your surgeon and Physiotherapist.

An arthroscopy is a relatively minor procedure, performed on your knee. It involves a keyhole camera or "arthroscope". The arthroscope is inserted through a very small incision (cut) at the front of your knee. A further incision is made, and instruments are inserted to perform any work that needs to be undertaken. A thorough examination of the joint surfaces and all the soft tissues inside of the knee is performed.

When the arthroscopy is completed, the wounds are usually closed with steri-strips™ (skin closure strips), covered with small dressings, and bandaged with a wool and crepe bandage to keep the swelling to a minimum for the first 24 to 48 hours.

Aims

The aims of surgery will vary dependent on your diagnosis.

Sometimes an arthroscopy is performed to gain a clearer picture of what is happening inside your knee.

Your surgeon will address any damage inside your knee when a thorough examination has been performed.

The surgery may involve debridement (trimming) of damaged joint surfaces or the shock absorbers in your knee. You may have loose material which needs to be removed.

Once the knee is fully rehabilitated, the aim will be to allow you to return to your normal level of function, which may include full participation in sports.

Risks

All operations involve an element of risk:

- Potential problems following knee arthroscopy include pain and joint stiffness
- Uncommon problems include infection, and blood clot (otherwise known as a Deep Vein Thrombosis or DVT)
- Rare problems include nerve or blood vessel injury
- Minor complications relating to the anaesthetic, such as sickness and nausea, are relatively common. Heart, lung or neurological problems are much rarer

Please discuss these issues with the doctor if you would like further information.

Benefits

The intended benefits of knee arthroscopy will vary dependent on your pre-operative symptoms and diagnosis. Benefits include:

- Recovering knee movement
- Reducing pain and/or locking/catching
- Improving function
- Return to full sporting activities
- Improving quality of life

Frequently Asked Questions

Will it be painful?

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your knee.

The following pain control methods are used to ensure you have as little discomfort as possible:

- Local anaesthetic injection into the wound immediately post-operatively
- Painkillers and anti-inflammatory medication taken regularly
- Ice application

Local anaesthetic injection

This is used to decrease the pain in the knee joint and the incision area immediately after your operation; it can:

- Reduce the risk of feeling sick or vomiting
- Allow you to eat and drink sooner
- Enable you to get up and mobilise sooner
- Lessen the chance of an overnight stay in hospital

Painkillers

You will be given painkillers to help reduce the discomfort whilst you are in hospital. A one-week prescription for continued pain medication will be given to you for your discharge home. Keep the pain under control by using the medication regularly at first. It is important to keep the pain to a minimum, as this will enable you to move the knee easier, recover muscle function in your thigh muscles, and begin the exercises you will be given by the physiotherapist.

Ice

If you do not have any circulatory disorders, you will benefit from applying ice regularly following surgery. This will help to minimise pain and swelling. Firstly, wrap the knee with cling film when applying prior to your wound having healed. Then place a bag of frozen peas, ice cubes, or an ice pack in a damp tea towel. Elevate your affected leg and apply your ice pack for approximately 20 minutes. This should be done regularly throughout the day.

Will I need to use crutches?

This will vary dependent on what has been performed during your operation. If you do require crutches, a Physiotherapist will come and see you on the ward before or after your surgery. You will be provided with a pair of crutches for use when walking and you will be instructed as to the correct way to use them.

If you do not require crutches, it is important that you try to adopt a normal walking pattern as soon as possible. Try not to limp. Make sure you straighten your knee fully when standing on your leg.

If you need to negotiate steps, you may find it easier to take one step at a time for a few days. When going up, lead with your good leg, then the operated leg (and walking aid if necessary). When coming down, lead with your operated leg (and walking aid) then the good leg.

Do I need to do exercises?

Yes, it is important to start getting the knee moving but in a controlled manner. The Physiotherapist on your ward will show you the exercises you will need to start with. You will be referred for continued physiotherapy as an out-patient.

What do I do about the wound?

When you are discharged from hospital, you will have a compression bandage on your knee that should remain in place for 24 to 48 hours. After this time, remove the bandage and change the small plaster dressings underneath if they are very blood stained. You must take extra care to ensure you have thoroughly washed your hands to prevent infection if you change the dressings. It is important to keep your wounds clean and dry until fully healed.

Is there anything I need to watch out for?

Occasionally problems do occur. Signs of possible problems include:

- Increased knee pain not reduced by medication, dramatic increase in knee swelling, inability to weight-bear – this could indicate an infection and you should attend accident and emergency as soon as possible

- Marked calf pain or swelling and swelling around the ankle – this could indicate a blood clot (DVT) and you should attend accident and emergency as soon as possible

- Increased temperature. It is normal to have a slight fever following surgery, but anything more intense or a fever that lasts, may indicate a problem

- Stomach upset after taking medication

- Increased loss of knee movement

Unless otherwise stated, if you experience any of these problems in your first week, please contact your General Practitioner (GP) or one of our team.

When can I drive?

You may drive when you are comfortable and safe to do so. You must have stopped using crutches; be able to sit comfortably; and have enough power and bend in your knee to perform an emergency stop. The law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery. Please ask your Physiotherapist for advice.

When can I return to work?

When you return to work depends very much on the demands of your job and it is difficult to generalise. You need to feel that you can cope with the tasks involved in performing all duties of your job, including any travelling required.

When can I fly?

It is recommended that you do not fly for six weeks after the surgery.

How will I progress?

During your first visit after surgery your Physiotherapist will decide how often they would like to see you depending on your progress. You will be given exercises to perform at home. It is important that you continue to work on the exercise programme you are given and follow your Physiotherapist's instructions carefully.

Your return to leisure activities will be guided by your Physiotherapist and will depend on how you are progressing. Your therapist will advise you when you are physically capable to deal with different activities and will ensure you progress to a level where you can return to sport.

Return to sport after your operation will vary dependent on your progress. It is extremely important that you take guidance on this by your Physiotherapist.

What if I need advice?

Should you have any concerns regarding your recovery when you have been discharged from hospital, please use the contact numbers below for advice:

Ward D	01257 256269
Ward A	01257 256276
Ward B	01257 256277
John Charnley Ward	01257 256265/256267
Physiotherapy	01257 256307 (answer machine available)



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