

Arthroscopy of the knee joint

Orthopaedics

Patient Information Leaflet

Arthroscopy of the knee joint

Welcome to the Dudley Group NHS Foundation Trust Orthopaedic Department. This booklet will provide you with information regarding what to expect before, during and after your knee joint arthroscopy.

What is an arthroscopy?

An arthroscopy is a keyhole procedure where a telescope is inserted into the knee joint allowing your surgeon to make a thorough inspection of the joint, so that a definite diagnosis can be made. Between two and four small "puncture" wounds are made for the camera and instruments to be inserted from different angles.

What are the benefits?

- Cartilage - (meniscus), if your surgeon finds that the cartilage (meniscus) is damaged or torn it can be removed or trimmed through the telescope. If the meniscus requires suturing or stapling this can also be carried out at the same time.
- Ligament damage - If at the time of arthroscopy, the ligaments are found to be damaged or torn, you will require further surgery to reconstruct the ligament. However, if your surgeon is sure that there is damage to your ligament, following examination, and or a scan then reconstruction can be carried out at the same time. (This will be discussed with you before the procedure is carried out).
- Loose bodies - These can be removed through the telescope.

If there appears to be no obvious cause for your knee pain, the joint will be washed out. The outcome of the procedure does depend upon what is found at the time of surgery.

What are the alternative treatment options?

There are alternatives to surgery and if your consultant feels these may be appropriate and beneficial to you he / she will discuss them during your consultation.

What are the risks to having surgery?

Although uncommon, complications do occur occasionally during or following an arthroscopy:

- Infection of the wound sites may occur
- Excessive swelling or bleeding may occur around the knee. It is important to note that some swelling is common and is to be expected
- Haemarthrosis (a collection of blood in the joint)
- Deep vein thrombosis - a clot in the deep vein in the leg which can travel to the lungs, (pulmonary embolism). Steps can be taken to prevent this, which include exercises and elevation
- Damage to blood vessels or nerves
- Pain and stiffness

These are the most common complications, but occur in less than 1% of arthroscopic procedures.

Pre-operative assessment

If the consultant lists you for surgery in the day surgery unit you will be assessed following your consultation in the outpatients department before you leave. If for some reason (e.g. your medical history) a decision is made for you to be an inpatient you will be sent an appointment for the pre admission unit nearer the date of your operation. In either case you may require the following test(s):

- Blood test: necessary if you are diabetic, or take certain medications
- E.C.G: Or heart trace test. This is nothing to be alarmed about, just a routine test, necessary if you have blood pressure or are a smoker, and so on
- Your blood pressure, pulse and weight will also be recorded
- X-ray: If your last X-ray/scan was over six months ago, a repeat X-ray may be necessary

You will also have nose and groin swabs taken for MRSA this is done on all patients who are to be admitted

What do I do if I become ill prior to admission?

It is important that you inform the pre-assessment unit / your consultant's secretary if you are not well enough to attend for the procedure. For example any type of infection such as a cough or cold, or chest infection. Any skin problems such as rashes, abrasions cuts or infection especially to the area that is to be operated on. Diarrhoea or vomiting 48hrs prior to the procedure.

What to bring into hospital

Please bring a dressing gown, slippers and any medication you are currently taking. If you require an overnight stay, please bring nightwear and an overnight bag toiletries etc.

What you will not need

Ladies do not wear any make-up or nail varnish to fingers or toes. We advise you leave all valuables including large sums of money, jewellery at home. Wedding rings can be worn. For fasting advice please refer to your admission letter your surgery.

What will happen when I get to the day surgery unit or ward?

You will be admitted on the morning of surgery. You will have a general anaesthetic (you will be asleep) for this operation.

When you arrive you will be shown to your bed. A member of staff will prepare you for your procedure by completing your theatre checklist and any relevant documentation. These questions ensure that you understand and are prepared for your planned procedure.

Please ask for a sick note if required at this stage.

During this checking you will be informed of the approximate time of your procedure. Near to the time of your operation you will be asked to undress and put on a theatre gown paper pants and cap. You will be escorted to theatre by a member of the theatre team.

Some or all of the following staff may see you:

- The consultant or senior doctor who will ask you to sign a consent form if you have not already done so
- The ward doctor who will examine you
- The anaesthetist, to talk to you about your anaesthetic during your surgery

After your operation:

You will be monitored frequently, a nurse will:

- Check your blood pressure, pulse and temperature
- Your leg and foot will be monitored for colour, warmth and sensation
- You will be asked if you have any pain - pain relief will be given orally or by injection
- Your wound dressing will be checked for oozing

Once you have had something to eat and drink you will be allowed to get up.

Mobilising

After surgery you will be given advice by the physiotherapy team or nursing staff, this is vital both to achieve a good recovery and also to reduce the risks of complications post surgery.

In the majority of cases you will be able to walk without a walking aid. It is only occasionally that you may require a walking stick or crutches.

You may be assessed going up and down the stairs to ensure that you are safe to do so when you return home.

Although the nurse or physiotherapist will guide you through your recovery it is expected that you will play an active role in your rehabilitation, both on the ward and at home.

You will be allowed to go home on the day of surgery, once you have fully recovered from the anaesthetic and there is no oozing from the wound. We will check that you have passed urine.

In-patient exercises

It is recommended that you start the following exercises while you are still in bed and before you get up and walking, its best to start once you have had something to eat and drink. Repeat each exercise 10 times.

1. Whilst lying with your legs out in front of you, tighten the thigh muscles and straighten.



Hold for 5 seconds and then relax your knee.

2. Tighten your thigh muscles and lift your leg up straight a few inches off the bed.



Hold for 5 seconds and relax.

3. Gently bend your knee to as far as possible.



Hold for 5 seconds then relax.

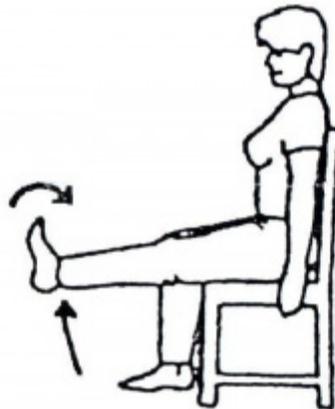
Exercises for home

When you go home it is important to continue with regular exercises and walking to help your knee recover, you can continue with exercises 1-3 and add exercises 4 & 5. Please make sure you have taken your prescribed pain relief prior to commencing your exercises.

4. Stand and support yourself with a heavy piece of furniture, bend your operated leg up as far as possible and then lower your leg slowly.



5. Sit on a chair, pull your toes up towards you and straighten your knee. Hold for approximately 5 seconds and then slowly lower your leg to the floor.



Discharge

You will be advised by your consultant/nurse when to remove your bandage.

You must ensure that you arrange for an adult to escort you home and to provide 24 hour care for you – you will not be able to drive yourself.

- Remove your bandage between 24-48 hours, leaving the small adhesive dressings on your knee in place
- Arrangements will be made for you to have your wound inspected - usually after seven days. (This will be done at your G.P practice)
- Your nurse discharging you will provide you with a discharge sheet for your reference, a letter for your G.P, a sick note (should you require one) and any medication required
- Your follow up appointment will be made for six weeks following surgery
- You must ensure that your wound dressing stays clean and dry – please contact the day case unit / ward if you have any problems with your wound dressing. The inner most dressing must be left undisturbed
- After your operation it is normal for you to experience some discomfort in your knee, you must however, continue to exercise and take the painkillers you have been prescribed
- Prolonged walking or standing should be avoided for the first few days, as this may cause your knee to ache or become swollen

- When resting, keep your leg elevated to prevent swelling, avoid placing a pillow under your knee as this may cause your knee to stiffen in a bent position
- If your surgeon has referred you to out-patient physiotherapy, your nearest physiotherapy department will contact you to offer you an appointment
- You may be required to wear anti embolism stockings. Please refer to leaflet preventing blood clots in hospital

At Home

You will be able to walk however, there may be some discomfort or swelling for several days.

Do

- Take regular painkillers
- Continue your exercises
- Try to keep your dressings clean and dry and take further advice following your appointment with the consultant/practice nurse
- Walk around as normal as possible, short distances to start with
- Elevate your leg on a stool when resting

Do not

- Return to sports until you have been advised by your consultant, physiotherapist or GP
- You must not drive for two weeks and only then if you feel safe to do so, always check with your insurance company when advised by consultant surgeon if you are in any doubt
- The anaesthetic remains in your system for 24 hours therefore
- No alcohol
- No operating machinery
- You should also avoid making important decisions/signing legal documents during this time

When climbing stairs go one step at a time and follow the guidance below until your knee feels stronger:

- Going up: Step up with your un-operated leg and bring your operated leg onto the same step – repeat
- Going down: Step down with your operated leg first and follow with your un-operated leg – repeat

When can I return to work?

This depends on your occupation and the outcome of your arthroscopy. If you have a job that does not require a lot of walking or manual work as a general rule you will be off work for two weeks, however if you have a heavy manual job it may be four weeks before you can return to work.

Who to contact

If you require any further assistance or are concerned after you have been discharged do not hesitate in contacting:

If you have any questions or are unsure about any of the information provided in this booklet, you can contact the following:

Russells Hall Hospital, Ward B1

Tel: 01384 244691

Russells Hall Hospital, Day Surgery Unit

Tel 01384 456111 ext 1886 (7.30pm - 9.00pm)

Russells Hall Hospital, pre-operative assessment unit

Tel: 01384 456111 ext 1656

Ask to speak to the nurse in charge. If the nursing staffs are unable to address your questions, they will suggest alternative contacts.

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

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0800 0730510 على التالفون Information Co-ordinator

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