

Knee Arthroscopy

Orthopaedics

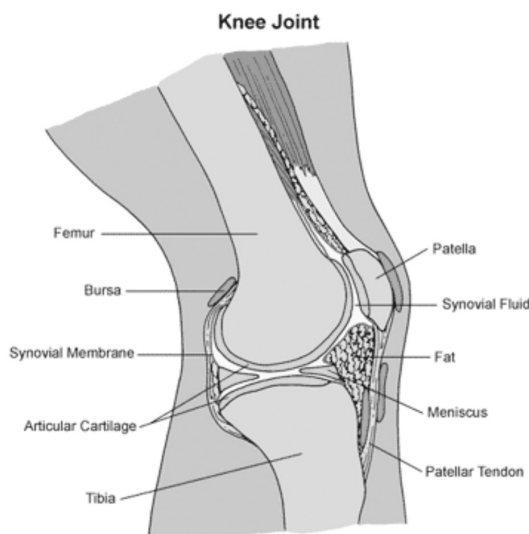
The purpose of this leaflet

This leaflet is for patients considering arthroscopy of the knee joint. Before you agree to any treatment it is advisable to obtain information about your condition. This means knowing what the problem is, the treatments that are available, the risks, benefits and alternatives. This leaflet should help you to make a decision alongside discussion with your doctor. Do mention any particular worries that you have and ask for more information at any time.

What is a knee arthroscopy?

This is a procedure to look inside the knee joint, using an arthroscope. An arthroscope is a telescope about the width of a pencil. The arthroscope is passed through a small cut in the skin into the knee. Another small cut is also necessary to allow instruments, to help perform the operation, to be passed into your knee. Arthroscopy is also known as a 'keyhole' procedure.

Side view of the knee joint:



Why do I need an arthroscopy?

An arthroscopy can be used to investigate conditions such as arthritis, pain or joint weakness, and damage to the inside of the joint. Small instruments can be used through the arthroscope to take a sample for testing or to cut, trim or remove any tissue, bone or loose fragments.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the benefits

- 1. An arthroscopy can be used to:**
 - Find the cause of the problem
 - By looking inside the joint it is possible to find out exactly what is causing the problem
- 2. Improve symptoms:**
 - It is possible to trim or remove tears in the meniscus (these are commonly known as cartilages. They act as “shock absorbers” to protect the knee surface).
 - It is sometimes possible to produce good temporary relief of arthritis in some patients
 - Loose bodies (for example, bone and cartilage) can be removed to prevent symptoms of your knee ‘locking’
 - The lining of the knee joint can be removed. This is called a synovectomy. A small sample (biopsy) can also be taken to help make a diagnosis
- 3. Repair damage:**
 - In younger patients, it is sometimes possible to repair a meniscal tear (known as a ‘cartilage tear’)
 - Although it is not possible to restore normal articular cartilage (the covering over the ends of bone that wears away in osteoarthritis) it can sometimes be improved.

What are the risks of arthroscopy?

All operations and anaesthetics have risks and your doctor will talk these through with you. Arthroscopy is generally a safe procedure and in most cases the procedure is done without any problems. Some pain and stiffness around the joint are common just after surgery, but long-term complications are rare and ‘occur in less than 1 in 100 cases’¹.

However, some of the complications that can occur include:

Scar tenderness

‘Tenderness of the small scars through which the surgery has been performed affects the majority of people for about two months’². Gentle massage around the scar can help relieve this tenderness.

Swelling

Swelling of the knee is common after this operation – ‘your knee can be sore and swollen for a few weeks but this is usually short term’³. Elevating your leg on a settee, chair or stool when resting can help.

Infection

Wound complications of which the majority will be infection occurs in approximately in 1:450⁹ patients. Wound infections are usually treated with antibiotics. The more serious complication of infection in the knee, which would require a further operation to clean the knee out, occurs in approximately 1:550¹⁰ patients. Infection prevention is taken very seriously in hospital. All staff, patients and visitors are encouraged to wash or clean their hands frequently. Please encourage anyone visiting you or staff making direct contact with you to wash their hands, or use the hand gel provided.

A blood clot or deep vein thrombosis

Deep vein thrombosis (DVT) is rare after an arthroscopy. In some cases the blood clot can move through the veins and block the blood vessels in the lungs. This is called a pulmonary embolism (PE) which can be life threatening. The risk of either a DVT or PE happening within 90 days after your operation is 1:500⁹.

In order to prevent these clots from developing, you should exercise your legs and start walking as soon as possible after your operation to help your circulation. When you go home, take regular short walks.

Also, try and avoid long journeys, unless you can stop and take a short walk every 30 minutes, particularly in the first six weeks.

Bleeding

'Excessive bleeding inside the joint can occur which can cause a lot of swelling and pain' ¹. In the most extreme of cases 'you may require further treatment such as returning to theatre to washout the excess blood from your knee.' ⁴

Damage to the knee

You may get 'accidental damage to structures inside or near to the joint' ¹. For example, nerves close to the knee may be damaged which can cause a 'loss of feeling in the skin around the joint' ⁵. 'Injury to blood vessels and chronic pain syndrome can also occur'⁶.

Anaesthetic problems

As with any operation there is a risk of developing problems from having an anaesthetic. However, 'less than 1 in 500 patients will have life threatening events such as an anaesthetic problem, blood clot or a heart attack. The chances are generally higher if you are elderly, overweight or have other illnesses'⁷.

What are the alternatives to surgery?

Keeping your weight down

Carrying extra weight puts a strain on your knee which can make pain worse.

Physiotherapy

A physiotherapist can teach you exercises to strengthen your knee and keep you mobile.

An injection into the knee joint

This injection is usually a mixture of steroid and local anaesthetic and can help reduce the swelling and pain in your knee. The effect of an injection can last a few weeks or months.

Medication

You may be prescribed painkillers such as Paracetamol or one of another group of drugs called Non Steroidal Anti-Inflammatories (NSAID's).

How do I decide which treatment is best for me?

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

What would happen if I decide not to have surgery?

Some people do find that they can cope living with the symptoms that they have.

What happens if I decide to have the operation?

You will be asked to attend the pre-assessment clinic to check your general health prior to your operation. You will be given information about coming into hospital.

You will be sent a letter with a specific time to arrive at the day- case unit. Your operation will be under a general anaesthetic so you will be unable to eat and drink prior to the procedure.

Instructions as to when you should stop eating and drinking will be provided for you on your admission letter. You will be admitted by a nurse but will have the opportunity to discuss your care with your surgeon before you go to theatre. You will be asked to wear a gown to theatre and you will be able to walk if possible.

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What happens during the operation?

Arthroscopy is usually done under a general anaesthetic. This means that you will be given drugs to keep you asleep during the operation.

A tourniquet, which is similar to a blood pressure cuff, may be put round the upper part of your leg to restrict the blood flow.

After cleaning the skin the surgeon makes a small cut, a few millimetres long, over the knee joint. The arthroscope is then carefully pushed through the cut into the knee joint. The arthroscope transmits pictures through a camera attachment onto a television screen.

One or more extra cuts may be made to push a thin examining probe or other fine instrument into the joint to make viewing easier. Fluid can also be injected through the instruments to 'flush out' the joint.

When the procedure is finished, the cuts may need a stitch or two. The stitches may be the type that dissolve or ones that need to be removed. Alternatively, 'Steri strips' which are small sticky tape strips may be used. However, stitches or 'Steri strips' are often not needed as the cuts are so small. A dressing and bandage is then put over the cuts. The surgery takes around 30 minutes to an hour to complete depending on the complexity of the procedure.

What happens after the operation?

When you leave the operating theatre you will go to the recovery area of theatres until you are fully awake. You will then be transferred to a ward.

Will it be painful?

When you arrive on the ward you will probably feel comfortable but a little sleepy. If you do feel any discomfort you will be offered painkillers.

You may experience some swelling and discomfort in your knee for a couple of weeks after surgery.

Please make sure that you have got some painkillers at home, such as Paracetamol, just in case you need them.

Will I need to do any exercises?

You should exercise your knee regularly following surgery to strengthen the muscles in your leg and knee. A member of the physiotherapy team will recommend some specific exercises.

Will I be given anything to walk with?

You may be given crutches or a stick to help you walk. A member of the physiotherapy team will give you advice about how to use them safely. Certain procedures such as meniscal repairs or microfracture (which will be discussed with you before surgery) may require your post operative rehabilitation to be altered such as partial weight bearing or non weight bearing for a period of time along with restriction or movement to protect the repair.

How long will I be in hospital for?

It is expected that you will go home on the day of your surgery. However, we must ensure that you are well enough to go home. You must have had something to eat and drink, passed urine and feel well enough to be discharged. Furthermore, if you have been given any walking aids the physiotherapy staff need to ensure that you are walking safely, including walking up and down stairs.

Please make sure that a responsible adult collects you from hospital and stays with you for at least the first 24 hours.

How do I care for the wound?

You will leave the hospital with a dressing and bandage covering your knee. The bandages can be removed after 48 hours but the small dressings over the wounds need to be kept in place for two weeks. You will be given a supply of small dressings in order to change them if necessary.

If you do have any removable stitches or steri-strips these need to be removed two weeks after your operation. This may be done by your General Practitioner's Practice Nurse or by staff at the hospital. The ward staff will make these arrangements before you are discharged.

Can I use the bath or shower?

Once the bandage has been removed at 48 hours, you can shower with the small dressing left on your knee. If these become loose, you can remove them and re-apply a further dressing. These dressings need to be on for two weeks in total. A bath can be taken at 7 days. If you do use the bath or shower it is always advisable to make sure that you are not alone in your home just in case you need assistance.

When can I start driving?

You can usually start driving after around two weeks when you are in less pain and able to perform an emergency stop. Please check with your Doctor about when it is safe for you to drive.

When can I go back to work?

Most people are able to return to work fairly soon after an arthroscopy. You will usually be off work for a minimum of two weeks, possibly longer depending on the job you do. The time will be longer if your job involves bending, lifting, carrying or standing for long periods. You may be able to return to work sooner on light duties but this should be discussed with your Doctor.

When will I return to the hospital?

You will be given an appointment to return to the hospital usually about six weeks after your operation. You will also be given an appointment to attend the physiotherapy outpatient department, if your surgeon feels it is necessary.

When should I contact the hospital?

You should contact the Back in Trouble clinic in the first instance that is based in Fracture clinic 9-5. Emergency department out of hours if you have any concerns or if you experience any of the following:

- Bleeding or discharge which soaks through the dressing.
- Severe pain that is not relieved by painkillers.
- Pain, tenderness and swelling in the calf of either leg – this could indicate a DVT
- If you have any other problems that you feel may be related to your operation.

Contact Numbers

New Cross Hospital

Main Hospital Switchboard
01902 307999

Waiting List Co-ordinator

01902 694092
Mon - Fri 9.00am - 4.30pm

Orthopaedic / Fracture Clinic

01902 695380
Mon - Fri 9.00am - 4.00pm

Back in Trouble Clinic

01902 695380

9.00am - 4.00pm

Pre-Admission Clinic

Mon- Fri 8.30am - 4.00pm

01902 695587

Ward A5

01902 695005

Ward A6

01902 695006

Beynon Short Stay Unit

01902 694049

Appleby Suite

01902 695588

Cannock Chase Hospital**Main Hospital Switchboard**

01902 307999

Orthopaedic Pre-admission Clinic

01543 576589

Holly Bank Ward

01543 576742

Hilton Main Ward

01543 576580

More information can be obtained from:

The "Patients Section", The British Association for Surgery of the knee. <http://www.baskonline.com/>
British Orthopaedic Association

Glossary of terms

Arthritis: Inflammation of one or more joints in the body which can cause pain, swelling and stiffness.

Chronic pain syndrome: 'Continuous pain that can persist for months or even years'⁸.

Deep vein thrombosis (DVT): A blood clot that usually forms in the deep veins of the leg. These clots can be caused by the blood slowing down in the veins e.g. when sitting for long periods or following an operation.

References

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English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。