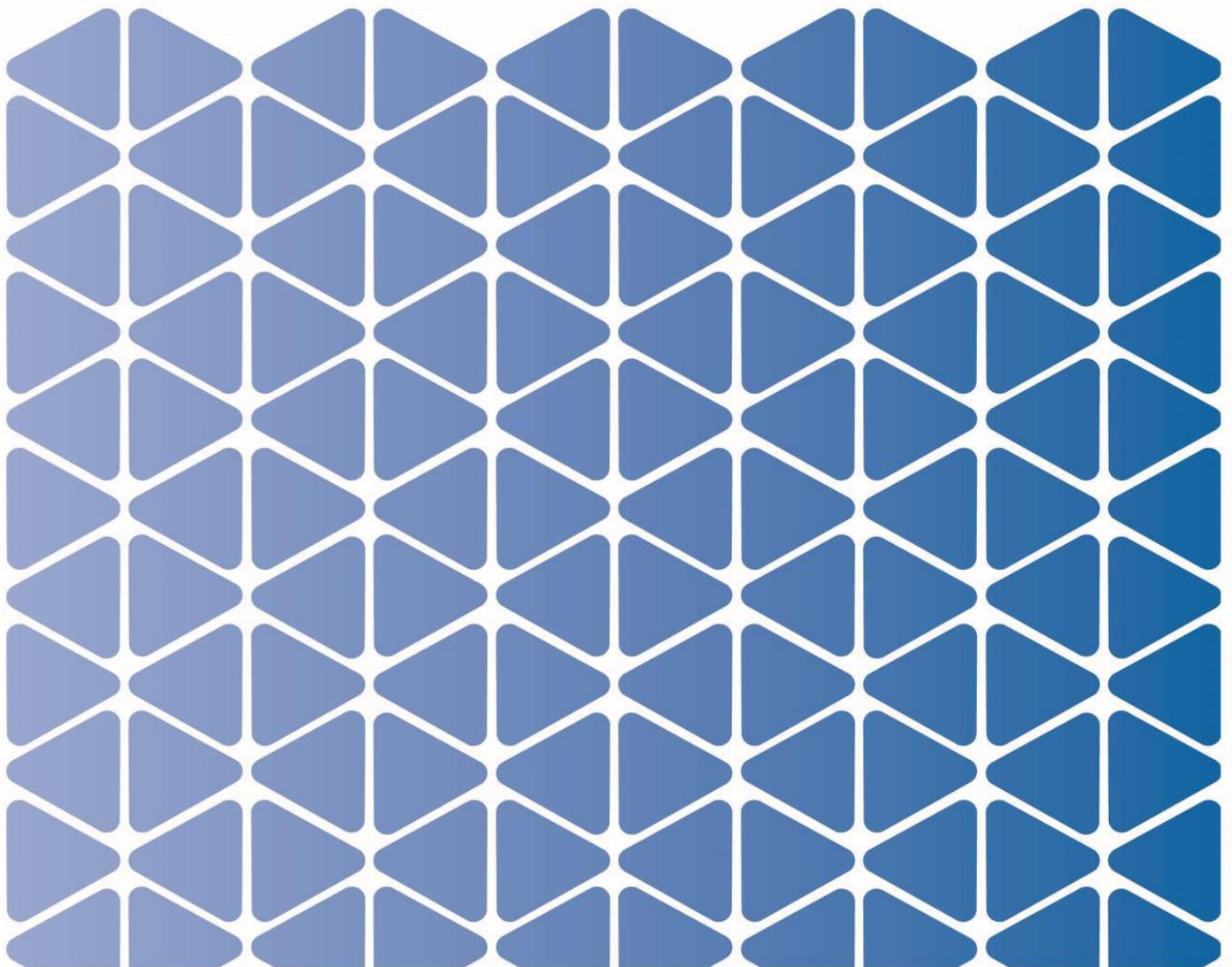




## PATIENT INFORMATION

# KNEE ARTHROSCOPY



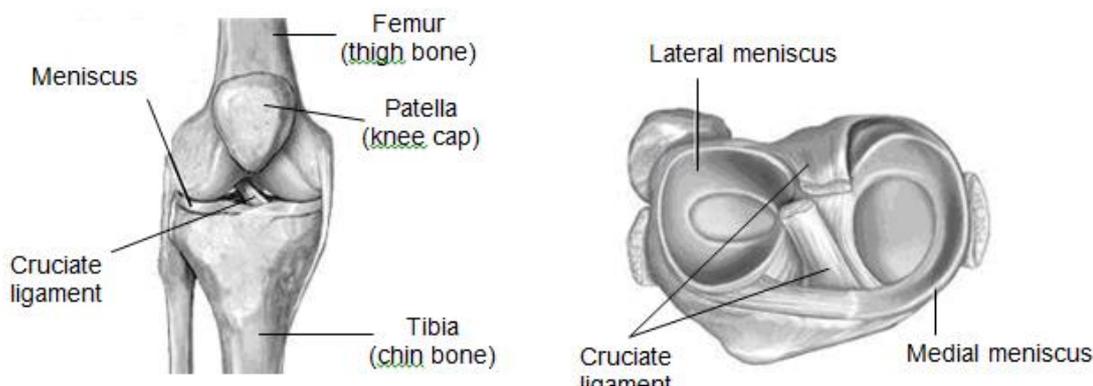
It has been recommended that you have a knee arthroscopy. This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

In many cases, joint problems can be diagnosed using non-surgical methods such as MRI (magnetic resource imaging), or treated with physiotherapy. However, X-Ray and MRI are not always clear enough to make a proper diagnosis, particularly when the problem involves the soft tissue around a bone. Your consultant will discuss this with you if appropriate.

### What is an arthroscopy?

Arthroscopy is a procedure to look inside a joint by using an arthroscope. An arthroscope is like a thin telescope with a light source. It is passed through a small cut in the skin into your joint and is used to light up and magnify the structures inside your joint.



The meniscus is a half-moon-shaped structure found between the femur (thigh bone) and tibia (shin bone) in the knee. There are two menisci in each knee, one on the inner side called the "medial meniscus" and one on the outer side called the "lateral meniscus."

The two menisci act as shock absorbers within the knee and also help spread the weight load. The meniscus is a type of cartilage (although it is different to the cartilage that lines the bones). The menisci may be torn during twisting movements of the knee.

Arthroscopy may be done to manage symptoms such as knee locking, pain, swelling, or instability of a joint. An arthroscopy may show damage to cartilage or ligaments within a joint, fragments of bone or cartilage, which have broken off ('loose bodies'), or signs of arthritis.

## **What is arthroscopic surgery?**

In addition to simply looking inside, a doctor can use fine instruments, which are also passed into the joint through a small incision in the skin ('key-hole surgery'). These instruments may be used to take a biopsy, cut, trim and suture to repair structures inside the joint.

Arthroscopic surgery can be used for various procedures, which include:

- Taking out small bits of bone or cartilage that have broken off into the joint space. (loose bodies)
- Repairing torn ligaments.
- Removing damaged cartilage.
- Micro fracture can be carried out if there is an area of articular cartilage damage or there is an area of bone damage below the cartilage (osteochondral defect).
- Microfracture creates small holes in the bone. The surface layer of bone, called the subchondral bone, is hard and lacks good blood flow. By penetrating this hard layer, a micro fracture allows the deeper, more vascular bone to supply the surface layer and stimulate fibrous cartilage growth. You may be required to be non-weight bearing for 6 weeks if this is carried out.

## **How it is done**

Arthroscopy is usually done under a general anaesthetic and may last from 30 minutes to over an hour, depending on the amount of work to be done.

The skin over the affected joint will be cleaned with an anti-bacterial fluid and then two small incisions made (one either side of your knee).

The surgeon will be able to see inside the joint using a camera and a TV monitor and, if possible, will repair any damaged areas or remove any unwanted tissue during the procedure.

A sterile dressing is used to cover the incisions and the joint may be bandaged.

Some procedures may require the use of a brace after the procedure. These can include: microfracture, meniscal repair, ligament reconstruction. You will be given advice regarding when to wear the brace if necessary.

## **Recovery**

Recovery after arthroscopic surgery is normally much quicker than after traditional surgery and you will be able to go home the same day.

Your knee will swell a little after your operation. You should do the following things to help keep the swelling down:

- When resting have your leg straight out in front of you and raised so your ankle is higher than your hip.
- For the first week do not walk long distances (no longer than 15 minutes at a time)

- Once you have removed your outer bandage, apply ice to your knee (you will not be able to use ice if you do not have full sensation in your leg). Cover your knee with cling film or a plastic bag and place a large packet of frozen peas or crushed ice, wrapped in a damp towel, over the cling film. You could get an ice burn if you apply the ice pack directly to the skin so always use the cling film or plastic. The plastic also keeps the wounds dry.

Your surgeon will advise you whether you need to rest the joint or exercise it after the arthroscopy. They will also arrange to discuss the results of the arthroscopy with you at a later date.

## **Results**

Most arthroscopies for sports-type injuries do allow a return to sport.

In the case of the knee joint, arthroscopy can normally treat damage to cartilage or ligaments successfully.

The scars from an arthroscopy are usually tiny and barely noticeable.

## **Benefits of the procedure**

Arthroscopic (key hole) surgery can often treat or repair joints without the need for a more traditional 'open' surgery of a joint, which involves a large cut. The 'keyhole' technique of arthroscopy has a lower risk of complications, less pain after the procedure, a shorter hospital stay and a quicker recovery.

## **Serious or frequent risks**

The risks of arthroscopic knee surgery include problems with:

### Local

- the wound (for example, infection);
- swelling;
- bleeding from portal sites.
- some pain and stiffness around the joint after surgery;
- accidental damage to the joint;
- damage to the structures inside or near to the joint
- loss of feeling in the skin around the joint, this may be temporary or permanent;
- occasionally nerve damage;
- tourniquet related problems

### General

- breathing (for example, a chest infection);
- the heart (for example, abnormal rhythm or, occasionally, a heart attack);
- blood clots (for example, in the legs or occasionally in the lung);
- unexpected reaction to anaesthetic; which can lead to death.

Sometimes, more surgery is needed to put right these types of complications.

Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

### **Other procedures that are available**

There are a few things that you can do to help manage your knee pain before opting for surgery, these include:

- Physiotherapy;
- Joint injections;
- Medication for pain relief.

Your consultant will discuss these options with you.

### **Your pre-surgery assessment visit**

It is **vital** that you attend your pre-operative assessment clinic appointment. During the appointment you will undergo some medical checks and tests that ensure you are fit for surgery. They will also ask about your current symptoms, past medical history and any medications you may be taking.

It is important to let us know in the pre-op assessment clinic if you are taking any blood thinning tablets for example warfarin, aspirin, clopidogrel or non-steroidal anti-inflammatory (NSAIDs) such as ibuprofen or diclofenac medications as you may need to stop taking these prior to your operation. Only do this under the direction of the medical team.

Please bring with you a list of the medications you are taking or have recently stopped taking. These include medicines prescribed by your G.P. and other specialist consultants and also over the counter and herbal medications.

You will also need to bring a list of your past medical history and any documentation or paperwork you may have regarding this.

If you have a long-term illness, heart, lung, diabetic or thyroid conditions, you will likely need to see an anaesthetist and maybe a specialist prior to your operation.

If it is deemed you are not fit for surgery, your operation will be cancelled, and an out-patient appointment will be made with your consultant team to discuss further options and future plans.

### **Pre-operative Information**

You will be provided with information to help you prepare for your surgery and discharge home.

- This leaflet contains essential basic information. To supplement this leaflet, we have made a series of video's available on our website [www.worcsacute.nhs.uk/pre-operative-assessment-clinic](http://www.worcsacute.nhs.uk/pre-operative-assessment-clinic)

## Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

## What to bring to Hospital?

- **Medication** – we will normally ask that you take your normal medication whilst in hospital so please bring it with you.
- **Clothing** – you will have thick, bulky dressings on your knee, so bring loose comfortable clothing to travel home in.
- **Shoes** – bring sensible footwear that fits securely to your feet, either well-fitting slippers with backs on or some pumps or trainers. We do not recommend slippers without backs, mules, heeled shoes, flip-flops or sliders. Make sure that shoes or slippers are not too tight as your feet will often swell after your operation, so adjustable footwear is a good idea.
- **Valuables** – please do not bring any valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- **Headphones** – mobile telephones, portable televisions and personal stereo systems must only be used with headphones.
- **Smoking & Alcohol** – the hospitals operate a no smoking policy and smoking is not permitted in any of the hospital buildings. Alcohol is strictly not allowed.

Please contact your pre-op assessment clinic:

- If you are unsure which medications you must stop. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do.
- If you do not feel well and have a cough, a cold or any other illness in the four weeks before you are due to come your operation. Depending on your illness

and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

### **Being admitted to the daycase unit / ward**

You will be admitted on the day of your surgery and will be told a time to come to the ward. Please follow the **fasting guidelines** you will have been given and ensure you have a bath or shower before you come in. Do not apply creams after your shower unless you have been advised to do so.

On arrival you will be welcomed to the ward, your details checked and given a wristband with your details on. The nursing staff will check your blood pressure, temperature and pulse. You may be asked to put compression stockings on before your operation. Before you go to theatre, the nursing staff will ask you to change into a hospital gown.

### **Your anaesthetic**

We will usually carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

### **Your pre-surgery visit by the anaesthetist**

After you come into hospital, the anaesthetist will come to see you and ask you questions about your general health and fitness.

- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.
- Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 100,000. This risk increases if you are older, having major surgery or have previous problems with your health.

### **After your surgery**

- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation, as we mentioned earlier.
- You will have a large bandage on your knee. Under this bandage there will be stick-on dressings over the wounds (portals).
- After two days, you can remove the outer bandage. The stick-on dressings underneath should stay on until the wounds have stopped oozing.
- When the wounds are dry, you may have a bath or shower.
- Excessive bleeding should not occur at any time. If excessive bleeding does occur, apply a pad of gauze, for example a clean handkerchief and apply a firm bandage over the wound for approximately 20 minutes. If bleeding does not cease after this time, consult casualty or your GP.

You should see your doctor urgently if you:

- Have pain, redness, swelling or tenderness in the leg which is getting worse;
- Develop a high temperature;
- See fluid, pus or blood coming from the incisions;
- Develop numbness or tingling near to the joint.

### **Medication when you leave hospital**

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

### **Exercise**

You should complete the exercises at the end of this booklet, progressing to the harder exercises each week.

We recommend that you avoid strenuous exercise and heavy lifting at least six weeks. You should do lighter exercise, such as walking and light housework, as soon as you feel well enough.

It is important that you do not return to jogging and running for six months and you should not return to contact sports for nine months after your operation.

### **Driving**

You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least two weeks after your operation. It is your responsibility to inform your insurance company of any surgery you have had.

### **Work**

How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

You may return to light work after two weeks. However, return to heavy physical work will take longer. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

### **Outpatient appointment**

Before you leave hospital we may give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post.

If necessary, your physiotherapy outpatient appointment will be arranged for you at your local hospital where your Physiotherapist will guide you through the stages of rehabilitation and progress your exercises.

## Exercises

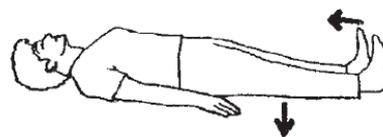
You can start these exercises on the day of your operation even when the large bandage is still in place. You should do your exercises at least 4 times each day. If you have undergone a lateral release or have had a microfracture procedure, do only those exercises marked with an asterisk (\*) until you are seen in Physiotherapy.

### Week 1

#### \*Static Quadriceps Contraction

Lying on your back. Press your knee down firmly against the bed.

Hold for 10 seconds. Repeat 10 times.



#### \* Knee flexion on sliding board

Lying on your back, bend and straighten your knee on the operated side by sliding your heel up and down on a board. (This could be a smooth piece of hard board or an old tin tray).

Repeat 10 times.

Please wear socks for these exercises.

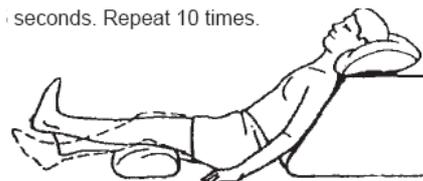


#### Inner range Quadriceps

Lying on your back with a rolled up towel under your knee. Raise heel off the floor until knee is straight (keep the knee on the towel).

Hold for 5 seconds. Repeat 10 times.

seconds. Repeat 10 times.



### Week 2

#### Calf Stretches

Assume the position shown below. With your operated leg behind you lean your body weight forward until you feel a stretch in the back of your calf. Hold for 30 seconds. Repeat 3 times.



#### Hamstring stretches

Assume the position shown below. Straighten the operated Knee until you feel a stretch on the back of your leg. Hold for 30 seconds. Repeat 3 times



#### Knee flexion in prone

While lying on your stomach. Slowly bend your knee. Hold for 30 seconds. Repeat 3 times.



#### Standing on one leg

Stand on your operated leg while holding onto a sturdy object. Raise up slowly onto your toes. Repeat 10 times.

## Week 3 onwards

### Small knee bends in standing

In standing hold onto a secure surface. Gently bend both knees; this should only be a small movement of the knees NOT a deep squat. Then come back into a standing position.



### Quadriceps strengthening

In sitting position, place a small weight (no more than 2 - 5 kgs) around the ankle of your **operated** leg. Straighten your knee. Hold for 5 seconds then lower leg slowly.



### Step Up

Step up with one leg leading and then repeat with the other leg leading.



If you are active and play sport or have a manual job you need to start attending a local gym to strengthen the muscles around the knee. Most gym instructors will be able to devise a programme for you to building up your quadriceps and hamstring muscles. These might include:

- Use of static bicycle
- Use of stepper
- Use of treadmill progressing from walking to jogging as you are able.
- Quadriceps and hamstring exercises starting with small weights and low repetitions, building up as you are able.

### Remember

- Exercises should be pain free
- To do hamstring and calf stretches after you have exercised.

## Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

### Alexandra Hospital

- Ward 16 Staff (phone 01527 512104)
- Visiting times 2.30pm to 4.30pm and 6.30pm to 8:00pm

### Kidderminster Treatment Centre

- Ward Nursing Staff (phone 01562 512356)

## Other information

The following internet websites contain information that you may find useful.

- [www.patient.co.uk](http://www.patient.co.uk)  
Information fact sheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
On-line health encyclopaedia
- [www.worcestershirehealth.nhs.uk/acute\\_trust](http://www.worcestershirehealth.nhs.uk/acute_trust)  
Worcestershire Acute Hospitals NHS Trust

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.