



Patient Information

Knee Arthroscopy

During an arthroscopy, a camera is inserted into the knee through two or three small puncture wounds. It allows the surgeon to look at the joint surfaces, cartilage and the main ligaments of the knee. The operation is usually carried out under a general anaesthetic.

Why it is done?

As well as allowing the surgeon to see the problem, some procedures can be performed.

- Repair or removal of torn cartilages. These are shock absorbers of the knee and are commonly damaged as a result of sports injury or simply 'wearing out'.
- Damage to the knee cap and the joint surfaces can be trimmed or shaved.
- Small holes (micro-fractures) can be made in the bone to stimulate new cartilage growth.
- Removal of loose bodies such as bone, cartilage or debris from the joint.
- If inflammation is present, samples from the lining of the joint can be taken.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You

will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed.

How it is performed?

The skin around the knee is cleaned and sterilised. Two cuts are made at the front of the knee; one for inserting the camera and the others for instruments. Sometimes additional incisions are necessary. Fluid is inserted into the knee to allow the surgeon to see inside the joint and surgery carried out. The incisions are then closed with small sticky dressings (steristrips) and the knee is padded and bandaged.

Once you have recovered from the anaesthetic, you will be able to get up and a nurse will check you are walking safely before discharge.

Dressings

You can remove the outer-crepe bandage and cotton wool yourself at home 24 hours after surgery.

After 14 days remove the remaining waterproof dressings and the steristrips.

If you are at all worried, concerned or unhappy with doing dressing care yourself please make an appointment with your practice nurse at your GP surgery.

After the operation

The knee may ache and swell following surgery and you will probably need to take some painkillers until this settles. Recovery from the operation is extremely variable and depends on many factors. Although your hospital stay is short, your recovery takes time. Although the incisions are small, the work done inside the knee itself may be complex and prolonged, causing inflammation and swelling.

There is often a leakage of clear fluid from the knee through the incisions in the first few days until the wound is healed. This can take several days to settle.

In most cases you will be able to walk without crutches. Ice packs such as a bag of frozen peas wrapped in a tea towel will help to reduce swelling and can be applied, if needed, every hour for 15-20 minutes.

Work

The majority of patients should be walking without too much pain and able to do normal daily activities and sedentary (office-type) work within one to two weeks. If your job is more physical and involves climbing, squatting or lots of stairs, you will probably need two to three weeks off to recover. The small incisions may well be tender and lumpy and your knee may swell after activity for up to three months. You will be issued with an off-work certificate for 21 days before you leave hospital.

Driving

Driving is possible after five to seven days when your knee is feeling comfortable. Make sure you can bend and straighten your knee without excessive pain. Check that you can perform an emergency stop safely.

Sport

Strenuous physical activity can be resumed when your knee is feeling strong and comfortable and no longer swollen. This is usually after two or three weeks. It is advisable to gradually increase your level of activity to see how your knee copes. It will usually take six weeks before returning to competitive sport such as running, skiing, racquet and contact sports. Make sure you can hop, squat and sprint with changes of direction and make sudden stops and starts without pain.

Complications

Although uncommon, complications can occur following your surgery. These include:

- excessive bleeding from the wounds or soaking the dressing after the operation
- excessive swelling
- deep vein thrombosis (a clot in the lower leg veins)
- infection
- fluid leakage from the incisions after seven days.

If you are concerned in anyway, please contact the nursing staff on the ward or your own GP for advice. If you develop a fever, severe pain or significant wound problems, you will need to see someone as soon as possible