



Northumbria Healthcare
NHS Foundation Trust

Knee arthroscopy

Issued by the orthopaedic department

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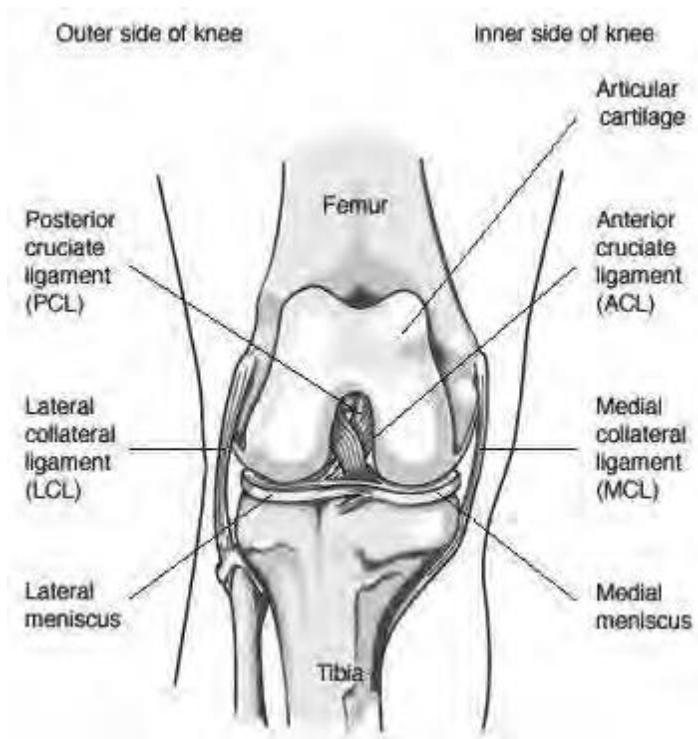
www.northumbria.nhs.uk

Introduction

This guide has been produced to provide you with information regarding your knee arthroscopy and help reduce any fears or anxiety you may have about what to expect.

All staff are more than happy to answer any questions you may have so please feel free to ask.

What is inside the knee joint?



The knee joint is made up of three bones, the lower end of the femur (thigh bone), the top of the tibia (shin bone) and the patella (knee cap). Around these bones are structures which can become damaged and lead to problems with the way your knee works. The lower end of the femur, the top of the tibia and back of the patella have a smooth, shiny coating called articular cartilage which allows smooth movement.

In between the femur and tibia are two crescent shaped structures called the menisci (cartilages). Two ligaments cross in the middle of the knee joint called the cruciate ligaments. Two more ligaments lie at either side of the knee joint and these are the collateral ligaments.

What is knee arthroscopy?

Knee arthroscopy is a diagnostic examination whereby an orthopaedic surgeon makes a small incision into the skin around the knee in order to insert a small camera (arthroscope) into the joint. The camera is connected to a television monitor and the surgeon is able to examine the joint from inside and view it on the monitor. Fluid is pumped into the knee to expand the joint.

Once the surgeon has looked around the joint and identified any damage, they may make other small incisions so that they can insert other instruments to repair or remove damaged parts of the joint. Possible problems identified through the arthroscope:

- A tear in the meniscus from an injury
- The articular cartilage may be wearing away in places possibly causing arthritis
- There may be a loose piece of bone in the joint
- A tear in one of the cruciate ligaments from an injury.

What are the aims of arthroscopy?

To diagnose a problem with the knee.

- If you have a torn cartilage then the torn part can be removed.
- If you have a loose piece of bone in the joint then it can be removed.
- If you have arthritis in the knee then assessment of the knee can be made of where the arthritis is and how bad it is.

The knee joint can also be washed out which may improve the symptoms of the arthritis. If you have a tear in the cruciate ligaments, assessment can be made about your knee stability, you may need another operation to repair the cruciate ligament.

Benefits of surgery

If the problem with your knee can be identified and treated at the time of the arthroscopy then it should stop the pain, improve the function of your knee and allow you to return to your normal activities. If you have a suspected torn cruciate ligament, the diagnosis can be confirmed and your surgeon will be able to plan your future treatment.

What are the risks of the operation?

- Wound infection. Every attempt will be made to ensure your knee does not become infected.
- Deep Vein Thrombosis (DVT) This is when a clot develops in the deep veins of the leg.
- Excessive swelling or bleeding.
- Damage to blood vessels or nerves.

Are there any alternatives?

There are many ways to investigate knee joint problems. These include x-rays, Computed Tomography (CT scans) and Magnetic Resonance Imaging (MRI scans) but only arthroscopy gives a direct view of the inside of the knee joint. It has the added bonus that torn cartilages and loose bodies can be removed straight away.

Before you come into hospital

You may be asked to come along to the pre-operative assessment clinic or your GP surgery for assessment. This is to carry out routine checks to ensure that you are fit to have surgery and that any questions you might have can be answered.

At this clinic you will have simple checks on your heart and lungs, you may have blood tests taken and you will be asked questions about your past medical history.

You will be given information on the date and time to come into hospital, what to bring with you and instructions on when you will have to stop eating and drinking.

Coming into hospital

When you come into hospital you will be welcomed by the ward staff. You will be asked some basic questions and some routine measurements such as your pulse and blood pressure will be taken. A member of staff will show you where everything is on the ward and help you settle in.

You will be seen by the anaesthetist who will discuss the anaesthetic with you.

Going to theatre

Depending on the time of your operation you will be given instructions on when you need to stop eating and drinking. You will be given these instructions by the nurse in charge of your care at pre-operative assessment or in a letter from the hospital.

You are taken to theatre on your bed and you will be met by the anaesthetist. The operation normally takes approximately 20 to 40 minutes depending on what has happened in your knee and afterwards you will wake up in the recovery room.

Recovery

When you wake up following your operation you will be in the recovery ward where specially trained nurses will be looking after you. You may have a mask on your face giving you oxygen. You will be taken back to your ward when you are awake. The nurses looking after you will continue to check your blood pressure and pulse when you return to the ward.

Pain

It is to be expected that you will experience some pain following your surgery. This pain can normally be controlled with simple pain killers such as Paracetamol and Ibuprofen (Brufen) which can be purchased at a chemist or supermarket and we suggest that you have a supply ready for after your operation.

If you require any stronger medication a prescription can be written by the ward doctor. If you normally pay for your prescriptions you will be charged for this.

Wounds

You will have a pressure bandage around your operated leg. This will give support and help to prevent swelling immediately after your operation. You should remove this bandage 48 hours after your operation. The stab wounds will have small adhesive dressings over them. These dressings should be kept dry.

If you experience any problems such as redness or oozing from your stab wounds once you have been discharged from hospital you should contact your GP for advice.

After your operation

You will be given something to eat and drink when you feel you are ready to eat.

A physiotherapist may visit you on the ward to instruct you on simple knee exercises, give you advice about using ice to help reduce the swelling around your knee and check that you are walking correctly. They will give you crutches or a stick if necessary.

At times it may be necessary for this to be done by the nursing staff. If your consultant or physiotherapist feels you need to see a physiotherapist as an outpatient, a follow up appointment will be made for you.

Swelling

It is quite normal to have some swelling around the knee but this will subside with time. Raising the limb for 10 minutes every half hour in the early days following the operation can help control swelling.

Swelling can also be helped by placing an ice pack on the front of the knee. This should be wrapped in a damp towel and left in place for no longer than 20 minutes, but can be repeated hourly.

You should not use ice if you have any problems with your circulation or sensation (the feeling) in your leg. You must tell us if you have this problem.

Ice therapy

Use ice regularly throughout the day.

Raise the operated knee, wrap a bag of frozen peas in a damp cloth and place over the operated knee.



Discharge

You are usually discharged from hospital two hours after you return to the ward following your surgery. This can vary depending on how you feel following an anaesthetic.

When can I return to work?

If you have a sedentary job, for example mainly sitting, you may be able to return to work after a week if the knee is not too swollen. If you have a very active job, return to work will need to be delayed. Timing of return to work will also be affected by the findings during the arthroscopy and the specific nature of your job.

When can I return to driving?

It is recommended that you do not resume driving until you can perform an emergency stop in your vehicle. It may be necessary to check with your insurance company.

Follow up

You will have an appointment for your consultant's clinic approximately six weeks after your operation. This is to ensure that you are progressing well and to answer any questions that you have at this time.

Please ask about anything that is concerning you.

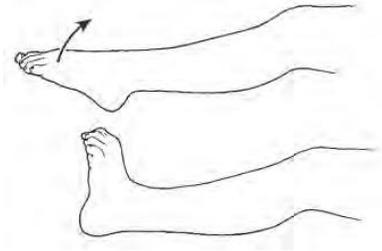
Exercises following knee arthroscopy

The following exercises are designed to regain normal knee movement and help reduce swelling. If you are unsure about any of them, ask your physiotherapist to teach them to you again.

1. Foot and ankle pumps

Ankle exercises

Each time you exercise start by moving your feet up and down rapidly for 2 minutes.



2. Static quadriceps

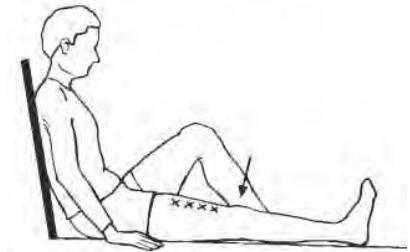
Tightening the thigh muscles

Sit or lie with your leg out in front. Pull the foot up towards you. Tighten the muscles at the front of the thigh, pushing the knee down.

Hold 3 seconds

Repeat 10 times

Do 4-6 sessions/day



3. Heel digs

Digging your heel into the bed

Bend your knee to 30 degrees; dig the back of the heel into the bed without moving the knee.

Hold 3 seconds

Repeat 10 times

Do 4-6 sessions/day



4. Knee flexion

Knee bends in the chair

Sit in the chair with your foot on the ground. Slide the foot firmly towards you and then away making sure the foot stays in contact with ground.

Hold 3 seconds

Repeat 10 times

Do 4-6 sessions/day



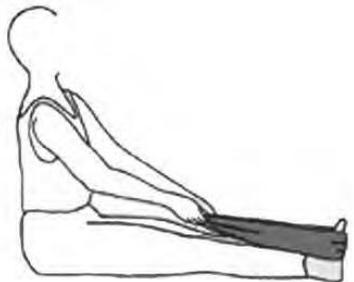
5. Calf stretches

Sit with the knee straight and towel/ bandage looped around ball of foot. Slowly pull back until you feel a stretch.

Hold 3 seconds

Repeat 10 times

Do 4-6 sessions/day



Please bring this exercise information into hospital with you.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

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General Enquiries 03 44 811 8111

www.northumbria.nhs.uk

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