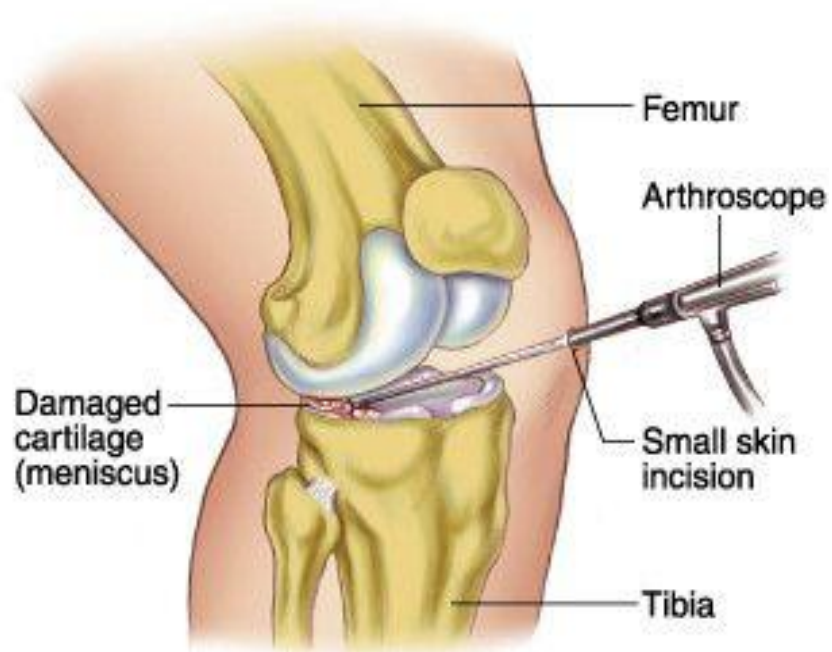


## Knee arthroscopy

### Information for Patients

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## What is an arthroscopy?

Arthroscopy is a surgical procedure in which a small, fibre-optic telescope (arthroscope) is inserted into a joint. Fluid is inserted to distend the joint and allow the surgeon to see structures within the knee on a monitor. Arthroscopes are approximately 5mm in diameters, so the knee incisions are very small. There may be up to three or four incisions. Arthroscopy may be used for:

- Evaluation inside a knee joint
- Removal of loose debris or torn cartilage
- Tidying up cartilage surfaces
- Ligament reconstruction.

Arthroscopy is less traumatic to the muscles, ligaments and tissues than traditional open surgery with long incisions (arthrotomy). The benefits of arthroscopy are smaller incisions and scar, faster healing and more rapid recovery.

## Committing to Your Rehabilitation

Rehabilitation is important post knee arthroscopy. Routine physiotherapy referral is **not** usual practice following this surgery. Physiotherapy exercises should start immediately after your surgery. It is **YOUR** responsibility to start these exercises. If you plan to return to any type of sport, having access to a gym or lower limb gym equipment will be essential to successful rehabilitation and long term management of your knee.

Whether your goal is to return to sport or not, rehabilitation is still the most important part of a successful recovery following knee arthroscopy.

**“I have been listed for Knee arthroscopy, what happens next?”**

### **Preadmission clinic**

You will be seen in a Preadmission Clinic at the Royal Infirmary of Edinburgh or St John's Hospital, Livingston approximately one week before your operation. A pre-operative assessment will be carried out by nurses and often the surgeon will see you at this appointment. This is a good opportunity to ask any further questions about the surgery, what is planned within the surgery, risks of surgery, or questions about recovery after surgery.

### **The Anaesthetic**

Knee arthroscopy is performed using a general anaesthetic - which means you'll be completely unconscious during the procedure. The surgery usually takes about 30-60 minutes and is done in the Operating Theatre and you will return to the Day Surgery Unit where you will usually be discharged the same day.

### **What happens on the day of surgery?**

On the day of surgery, you will be asked to fast from midnight the night before or at least several hours prior to your operation. This means no eating or drinking prior to your operation as often anaesthetics are safer if your stomach is empty.

You will be taken to theatre on a theatre trolley. After your operation, you will wake up in either recovery or in the Day Surgery Unit. At this point, one of the nurses will be checking your observations regularly (these include things such as heart rate, blood pressure, temperature, blood oxygen levels, etc) and they will offer you something to eat. It is very important that you eat and drink something after your operation and prior to getting out of bed to prevent any feelings of sickness or light-headedness.

## **Discharge**

The nurses will monitor and review you. When your pain is controlled and you can lift your straight leg off the bed safely, they will encourage you to go for a short walk with them. They will discuss your medication with you and your post-operative wound care. You will also need to pass urine and have this measured by the nursing staff in order to ensure your bladder is working properly after the anaesthetic. The surgeon will also come round to discuss the findings within your operation. Once the surgeon and nurses are happy, they will give you your medication and any other post-op information you may require. You will then be discharged home. It is essential that someone physically comes to collect you from the ward after your surgery so please make any necessary arrangements prior to your operation.

## **Possible Problems/Complications from Knee Arthroscopy surgery**

- Infection
- Deep Vein Thrombosis (DVT) – clots in the calf muscle
- Persistent knee swelling and post-operative pain
- Thickened scar tissue
- Some minor loss of skin sensation around the scars

### **“I’ve been discharged home, now what?”**

You may feel a bit tired and sick after the anaesthetic and may experience a bit of post-op pain, all of which is normal. This will settle over the next few hours. It is important to stay hydrated and follow the advice below.

## **Wound care / stitches / staples**

**Please wash your hands before and after attending to your dressing.**

- Keep your dressing undisturbed and dry for 48 hours.
- Remove your bandage at 48 hours and if the wound bleeds, elevate the leg and apply pressure for 5-10 minutes.
- Cover the wounds with the supplied dressings and wear the tubigrip for one week or longer if swelling persists. **DO NOT WEAR IT AT NIGHT.**

- You may shower, but do not have a bath until wounds are healed.
- If you have stitches, make an appointment with the Practice Nurse at your GP surgery to have these removed in 7-10 days time.
- If you have steri-strips, leave these dry and undisturbed for 10 days. If they have not fallen off already, remove by peeling off carefully.
- Please contact your GP or practice nurse if you have:
  - Concern regarding wounds or heavy bleeding
  - Increased knee and leg swelling
  - High temperature
  - Pain that cannot be controlled by your pain medication

### **Key Advice Post-op:**

- Regular pain relief will help you with your exercises
- Regular use of ice packs/frozen peas (20mins on/ 20mins off). Swelling can persist for 7-14 days. Ensure you protect your skin with use of a towel or pillow case
- DVT is a very unusual but important problem which occasionally occurs after knee surgery. If your calf muscle becomes increasingly swollen or sore in the first three weeks after your operation, you **MUST** come back to the hospital or see your GP.

- Crutches should not be needed. Try to walk as naturally as possible and a little slower than normal to avoid limping.
- On climbing stairs, it may be more comfortable initially to lead with your 'good' leg and descend leading with your operated leg.
- Maintain a balance between doing your exercises, resting with leg elevated and building up your mobility again.

## Exercises

**These exercises should be started immediately after your operation and continued at home 2-3x a day for the first 6 weeks at least. Graduated gym strengthening and CV exercise can be started from 2 weeks post-operatively.**



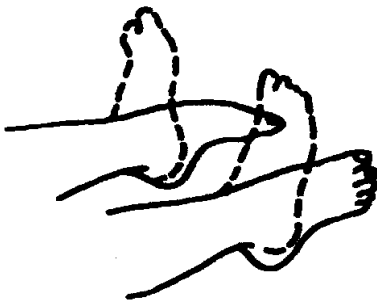
### 1. Heel Slides

Lie on your back. Slide your heel towards your buttock then slowly straighten it back out. Repeat 10 times. 3 sets.



## **2. Static Quads**

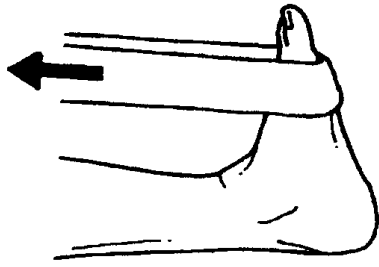
Lie on your back. Pull your toes up towards you and press the back of your knee down into the bed, tightening the muscle on the front of your thigh. Hold this for 5 seconds. Repeat 10 times. 3 sets.



## **3. Ankle Pumps**

Pump your ankles up towards you then point them away from you. Repeat this motion 30 times.





#### **4. Calf stretch**

Use something stiff like a bath towel or dressing gown strap. Put this around the top part of your foot and pull the towel up towards you until you feel a gentle stretch in your calf muscle. Hold for 30 seconds.



#### **5. Straight Leg Raise**

Lie on your back with your operated leg straight and other leg bent. Tighten the thigh muscle of your operated leg and slowly lift your leg off the bed. Hold for 5 seconds, then slowly lower your leg and relax. Repeat this 10 times. 3 sets.

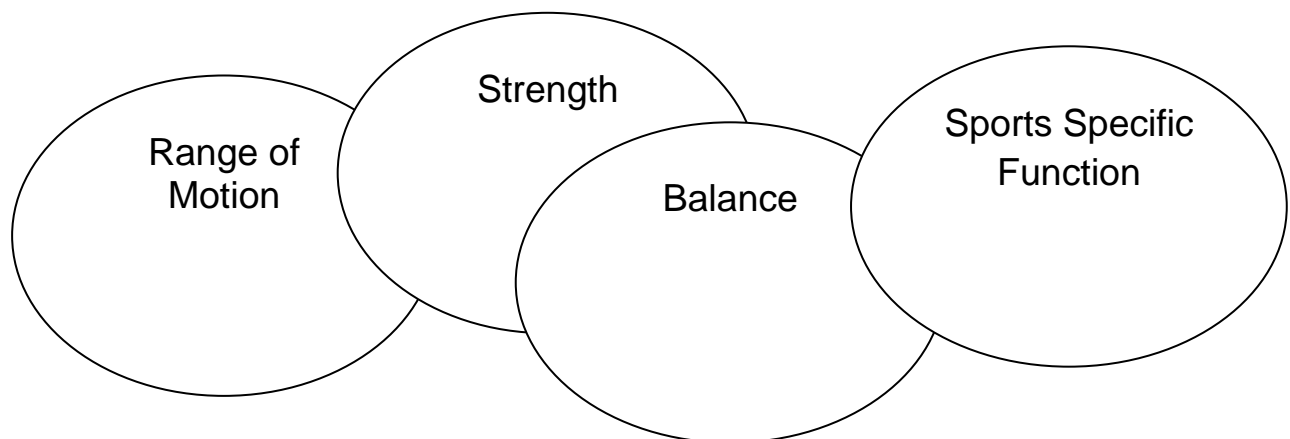


## 6. Static Glutes

Lie on your back. Squeeze your buttocks firmly together. Hold for 10 seconds. Repeat 10 times. 3 sets.

## Aims of Rehabilitation

The main aims of rehabilitation are to improve:



## Return to Activity/ Approximate timescales

### Driving

You can drive when walking and descending stairs comfortably, and bending and straightening your knee freely. You must be able to do an emergency stop.

## Work

If your job requires you to stand or walk for long periods, lift or drive, you may need to be off work for 7 to 14 days. More manual jobs may need slightly longer again.

## Sport

The timescales below are estimates and **guided by how strong your leg muscles are and exactly what was carried out within your arthroscopy**. Returning to rigorous activity too soon can cause your knee to swell.

Activity/Sport	Approx. Timescales
Static Cycling	2-3 weeks
Cross trainer	4-6 weeks
Swimming (when wounds healed and avoiding breaststroke initially)	4-6 weeks
Running	8-12 weeks
Sports	12 weeks onwards

## Useful Contacts

Day Surgery Unit – 0131 242 3166  
(8am to 5pm, Monday to Friday)

Out of Hours – 0131 536 1000  
(page/bleep 1591)