

Knee Arthroscopy

This procedure involves the surgeon looking into your knee using a small camera called an arthroscope. Using this instrument, the surgeon can carry out the procedures described below. It normally takes about 30 minutes in theatre with an hour in recovery.

This can include:

- 1. Cartilage procedures / debridement** - Clearing out any loose bodies or debris.
- 2. Division of plica** – Cutting out a small fold of tissue.
- 3. Repair / Trimming of meniscus (cartilage).**
- 4. Lateral release** – Trimming the ligament on the outer side of the knee. Your knee will be bruised and slightly swollen for about 4 – 6 weeks.
- 5. Injection of:**
 - a. Local anaesthetic
 - b. Steroid
 - c. Antibiotics.

Instructions for those who have undergone a general anaesthetic.

Anaesthetic drugs remain in the body for 24 hours and their effects gradually wear off over this time. During the 24 hours after your anaesthetic you are under the influence of drugs. It is important therefore, to follow these instructions.

- ◆ Do not drive a car.
- ◆ Do not operate machinery.
- ◆ Do not drink alcohol.

- ◆ Do not lock the bathroom or toilet door or make yourself inaccessible to the person looking after you.
- ◆ Drink plenty of fluids and eat a light diet avoiding heavy/greasy foods.
- ◆ You are advised to stay off work the day of your operation.
- ◆ Do not make important decisions or sign any important documents for the 24 hours after anaesthetic.

POST OPERATIVE INSTRUCTIONS

Mobility

On most occasions walking aids, such as crutches are not required. You are advised to walk on your leg as feels comfortable, increasing your walking distance gradually. You should be able to walk comfortably without a limp for longer distances by the end of two weeks.

Returning to sporting activities can take up to 3 months. This will depend on your diagnosis and recovery. It is important to have a good range of movement and strength before starting back to sports. Do not go swimming until the wound is well healed.

Driving

You must not drive until your knee is comfortable enough for you to perform an emergency stop. Generally this is for a minimum period of 2 weeks from your operation date but may be longer depending upon the procedure. It is also advisable to inform your insurance company about the surgery to ensure your cover is valid.

Pain

It is important that your pain is well controlled in order for you to complete your exercises; pain will discourage you from exercising and can stop

muscles working as they should. It is normal to experience some pain in the first few days, however, if it is prolonged it may indicate you are overdoing your level of activity.

Swelling

It is common to have some swelling in the knee after an arthroscopy, however if it is severe or lasts for a long time again it may indicate you are overdoing your level of activity. Rest and elevate the leg more frequently. Ice can be used to reduce swelling. Place crushed ice cubes or frozen peas in a plastic bag, place a clean tea towel over your dressing and apply the ice for 10 to 20 minutes, repeated ice sessions are advised with at least 40 minutes between sessions.

ICE warning- ice must not be in direct contact with the skin, used on broken skin or surround the whole joint. Do not use if you have reduced sensation around your knee or have increased sensitivity to cold.

Dressings

You should remove the pressure bandage after approximately two days (the nursing staff will inform you if any different) and apply a small dressing to the incision sites. If you have stitches, these will be removed by your practise nurse within 10 – 14 days.

Precautions

Do not kneel or bend the knee excessively until the bandage and stitches are removed.

If the knee becomes painful or slightly swollen, rest the leg in elevation, use ice and continue with gentle exercises.

If either the knee or calf muscle becomes very swollen, hot and painful, consult your doctor immediately.

PHYSIOTHERAPY EXERCISES

Start doing the exercises as soon as you feel comfortable, on the day of your operation if you can. Aim to do them 3 – 4 times a day, starting with 5-10 repetitions and increase as able. A little and often is best. You can exceed the number stated on the exercise sheet when you feel able to. Aims are to maintain movement in your knee and maintain and build up the strength of the muscles around your knee.

Please note that this information is true for most patients.

Sometimes you may have different instructions – if this is the case, your surgeon or physiotherapist will explain these to you.

References

Goodwin PC & Morrissey MC, Physical Therapy after arthroscopic partial meniscectomy: Is it effective? Exercise Sport Science Review 2003 Apr 31(2) 85-90.

RNOH – Rehabilitation guidelines for patients undergoing knee arthroscopy- 2010. Patient information and exercise sheets – Brighton and Sussex University Hospitals, NHS trust 2012.