

Arthroscopy of the knee

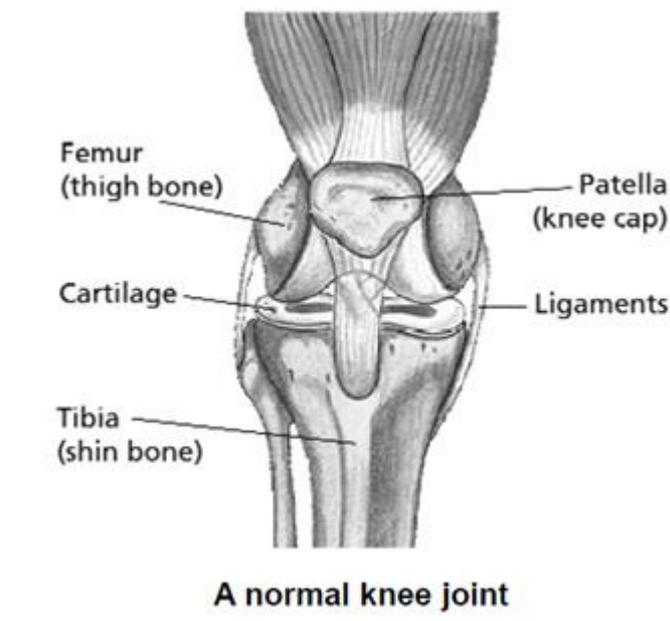
Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

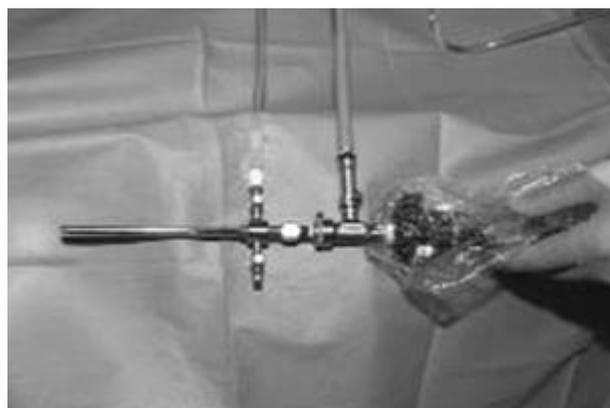
Contents	Page
What is an arthroscopy of the knee?	2
Why do I need an arthroscopy?	2
Are there any risks or possible complications of an arthroscopy?	3
Will I need any tests?	5
Are there any other treatments that might help my problem?	5
What will happen at the pre-assessment clinic?	5
How can I prepare for my operation?	6
What can I do to help myself?	6
What do I need to bring with me?	6
How long will I have to stay in hospital?	6
What will happen while I am in hospital?	7
What will happen during my arthroscopy?	8
What will happen after my operation?	8
Will I be in pain after my operation?	9
What will happen before I can go home?	9
When will I be told the result of my arthroscopy?	10
How will I feel when I get home?	10
When I go home what activities should I avoid?	10
Will I have a wound or dressing?	11
How can I help myself get back to normal?	11
When can I bathe or shower?	12
When can I drive again?	12
When will I be able to return to work?	12
Will I need to return to hospital?	12
What exercises do I need to do?	12
Contact numbers	14
Further information is available from	15
References	15

Arthroscopy of the knee

This booklet tells you about an arthroscopy of the knee.



An arthroscopy is an examination of your knee joint using an arthroscope (a thin flexible viewing instrument) which is inserted into your knee. It lets your doctor see inside your knee and helps him or her to find out why you are having problems. It is usually performed under a general anaesthetic (a state of carefully controlled and supervised unconsciousness that means you are not able to feel pain). You will be given a leaflet 'You and your anaesthetic', which tells you about anaesthetic choices in more detail.



An arthroscope

Why do I need an arthroscopy?

An arthroscopy is usually advised for patients who have on-going pain and movement problems in their knee. It can help your surgeon to find the cause of your problems, treat the condition, and tell you what you might expect in the future.

Arthroscopy of the knee

An arthroscopy may be advised if you:

- have had knee pain for a long time, or for a few months after an injury to your knee; especially a twisting injury where there may have been immediate swelling, pain and limited movement. This could be a sign that something has been “torn” inside your knee joint.
- have had knee pain for a long time or for a few months following an injury, it may be more of a mechanical (movement) problem.



Mechanical symptoms can include:

- your knee ‘clicking’ (making a funny noise when you move it)
- locking (when you are unable to straighten your knee fully)
- your knee ‘giving way’ (this mainly happens when walking downstairs)
- pain when you attempt to straighten your knee.

Any of these problems could be due to a tear in one of your menisci (shock absorbing cartilages within your knee), and/or a tear in your ligaments (See diagram of a normal knee joint on page 2).

- if there is “wear and tear” in your knee. Similar mechanical symptoms (see above) may occur without a history of injury; this is usually due to ragged edges of your cartilage. Occasionally a loose piece of cartilage or bone floating in your knee joint may cause problems.

Are there any risks or possible complications of an arthroscopy?

As with all surgical procedures there are risks involved.¹ The most common risks and complications of an arthroscopy are:

- **risks associated with general anaesthetic.** You will be given a leaflet, ‘You and your anaesthetic’, which explains in detail about anaesthesia. Your anaesthetist (a doctor with special training in anaesthetics), will discuss this with you.
- **infection.** 2 patients in every 1,000 may develop a wound infection.² During an arthroscopy steps are taken to prevent any infection developing. If an infection were to develop treatments may include antibiotics and/or repeat arthroscopies and a ‘wash out’ of your knee joint.

Arthroscopy of the knee

- **wound healing.** You will have small scars on your knee where the arthroscope and instruments have been inserted. These should heal without any problems, and become less noticeable after a few months.
- **deep vein thrombosis - DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs).** You will be given a leaflet, 'Reducing the risk of a venous thromboembolism (blood clots) while you are in hospital and after you have been discharged', which explains about this in detail.

Some patients may develop a DVT or PE after an operation. This can be due to the effects of the anaesthetic, bed rest and reduced activity. Your doctor will discuss your individual risk with you.

The risk of a blood clot after an arthroscopy is low as you will be up and about very soon after the procedure, unless you have reduced activity during your recovery. 1 patient in every 1,000 having an arthroscopy could develop a DVT and 8 patients in every 10,000 having an arthroscopy could develop a PE.²

- **swelling.** Fluid collection in the knee is common after an arthroscopy. About 15 patients in every 100 suffer from some swelling of their knee, depending on what procedure has been performed.³ Any swelling can last between 2 – 3 weeks.
- **haemarthrosis (bleeding).** This is a collection of blood in the joint after an arthroscopy and can occur in 1 patient in every 100.³ If this happens you may have discomfort and pain around your knee and find it very difficult to move or bend your knee.

This swelling should settle over 2 - 3 weeks. If your knee becomes very painful it may need to be aspirated (blood is taken out of your knee joint using a small needle and syringe), and a pressure bandage applied.

- **pain and stiffness.** After any surgery on a joint, some patients find it difficult to move and the joint becomes painful. It can be due to an uncommon condition called 'Complex regional pain syndrome'. This can happen to 4 people in every 10,000.⁴ Very little is known about this condition and it can be difficult to treat. To try and prevent it from happening you should move your joint as much as possible unless you are advised not to do so by your doctor.
- **tender or numb scars.** Scars can be tender or numb sometimes due to damage to tiny nerves in your skin. This usually settles with deep massage but sometimes may need further treatment such as an injection of local anaesthetic.

Arthroscopy of the knee

- **persistent pain or symptoms.** There is a risk of persistent pain in your knee, especially if your knee also has arthritis. Arthroscopy can only clean an arthritic joint and cannot cure arthritis. If this happens another operation may be needed.

Will I need any tests?

To help find the cause of your symptoms your doctor will ask you about your medical history and examine you. He or she may suggest you have the following tests:

- an x-ray. This is a painless procedure which takes a picture of the bones of your knee joint.
- Magnetic Resonance Imaging (MRI). An MRI scan uses strong magnetic and radio waves to produce images (pictures) of the inside of your body. If you have a cardiac monitor, pacemaker or any other metallic objects in your body you may not be able to have an MRI scan because of the magnetic fields.

If your doctor advises you to have an MRI scan to help find the cause of your symptoms you will be given a leaflet that explains the scan in more detail. This will be given to you when you receive your appointment from the MRI Department.

Are there any other treatments that might help my problem?

Depending upon the cause of your problem your doctor may advise:

- a course of physiotherapy. These exercises could help ease your pain and strengthen the muscles and ligaments around your knee.
- an injection into your knee joint, of an anti-inflammatory and local anaesthetic drug, to help relieve your symptoms.
- When you and your surgeon have decided an arthroscopy is the best treatment choice for you, you will be asked to go for a pre-assessment check to make sure you are fit to have an arthroscopy and to decide if it will take place as a day case or an inpatient.

What will happen at the pre-assessment clinic?

You will be asked about your general health. Your blood pressure, pulse, weight and urine will be checked. Please remember to bring a fresh sample of urine with you and all tablets, medicines, inhalers and creams you are using. Your nurse will tell you if you need to stop taking any of these before your operation. Samples of your blood will be taken and you may be sent for an x-ray and ECG (a heart tracing). You will be screened for Methicillin Resistant Staphylococcus Aureus (MRSA). Swabs

Arthroscopy of the knee

will be taken from your nose and groin (top of your legs). You will be given a leaflet MRSA screening and decolonisation.

You should make sure you have someone to look after you for at least 24 hours after your arthroscopy.

How can I prepare for my operation?

Before any operation it helps to try and get as fit as possible, as this will help in your recovery. If you are overweight or smoke, seek advice from your GP who will offer you support and dietary or stop smoking advice. (See contact numbers at the end of this leaflet). This will help reduce the risk of any complications during your anaesthetic.

What can I do to help myself?

You should do the knee exercises explained in this leaflet before and after your operation.

What do I need to bring with me?

The National Institute for Health and Care Excellence (NICE) recommends that you keep warm before, during and after your operation because it can reduce side effects, complications and help you recover from your operation faster.⁵

Please make sure you bring socks and slippers, a dressing gown, a vest or other warm clothing to help you feel warm while you are in hospital. If you are being admitted as a day case patient please try and keep warm on your journey to and from the hospital.

You should also bring any medication you are taking into hospital with you.

How long will I have to stay in hospital?

The length of time you will need to stay in hospital could be:

- **a few hours.** If you are fit and healthy you will be able to go home the same day.
- **1 night.** If you have some health problems you will need to stay in hospital overnight.

Arthroscopy of the knee

What will happen while I am in hospital?

On the day of your admission

When you arrive at the Day Case Unit, the Access Lounge or the Leven Unit the nurses will recheck your details, taken at the pre-admission clinic, to make sure nothing has changed.

You will be seen by one of your doctors who will answer any questions you may have. The surgeon who will be doing your operation will again explain the reasons for it; what will happen during the arthroscopy and the precautions we take to avoid any risks or complications. When you fully understand the operation you will be asked to sign a consent form, if you have not done so already. Your surgeon will mark the leg that is to be operated on.

Your anaesthetist (a doctor with special training in anaesthetics) will also visit you before your arthroscopy to discuss your anaesthetic and answer any questions you may have. If, at any time, you wish to discuss your care and treatment with a doctor or nurse, please ask one of your nurses who will make any necessary arrangements. Relatives will need your agreement before staff are able to discuss your care in detail with them.

Before your operation

You will be asked to remove any jewellery you are wearing (except your wedding ring), contact lenses, make-up and nail varnish and also not to use body lotions, deodorants and perfumes. You will be asked to put on a theatre gown.

Just before the time of your operation one of your nurses will go with you and transfer your care to a theatre nurse. False teeth and hearing aids may be removed in the operating theatre.

If you have any worries or concerns tell the staff, they are there to help and support you. Your theatre nurse will check your details again before taking you into the anaesthetic room. In the anaesthetic room you will meet your anaesthetist again. He or she will give you your anaesthetic before you are taken into the operating theatre and will stay with you throughout your operation.

Your nurse will take your temperature before you are taken to the operating theatre. If it is below 36°C (96.8°F), the operation will not start until you are warm. A warm air blanket or jacket may be used to raise your temperature.

When in the operating theatre and the recovery room your nurse will take your temperature regularly. If it falls below 36°C (96.8°F), you will be placed under a warm air blanket or jacket.

Please tell your nurse or doctor if you feel cold during your stay in hospital.

Arthroscopy of the knee

Before and during your operation:

- a cannula (fine needle) will be placed in the back of your hand or arm so we can inject drugs. Sometimes, when drugs are injected they may feel cold and sting a little.
- an intravenous drip may be attached to your cannula, but this usually takes place when you are asleep
- you may be asked to breathe some oxygen through a face mask, before you are given the anaesthetic
- your blood pressure will be measured
- your pulse will be taken, and the amount of oxygen in your blood will be measured by attaching a special clip onto your finger. This does not hurt.
- your heart rate will be monitored by placing sticky pads on your chest. These are attached to some leads to show a tracing of your heart on a monitor. This is routine and is nothing to worry about.

What will happen during my arthroscopy?

When you are anaesthetised a tourniquet (a pressure cuff) is wrapped around the top of your leg to reduce the blood flow and allow your surgeon to have a clear view inside your knee.

The arthroscope is inserted, usually through 2 or 3 small cuts in your skin on either side of your kneecap. A miniature video camera is attached to the arthroscope and gives a very clear picture on a television monitor. Your surgeon may ask your consent to take a video recording of your arthroscopy for teaching purposes.

Many problems can be treated during an arthroscopy. Once your surgeon has found the cause of your knee problem he or she may be able to trim and remove any pieces of damaged tissue or cartilage using special instruments.

To help reduce any pain you may suffer after your arthroscopy while you are still under your general anaesthetic, your knee will be injected with a local anaesthetic. A local anaesthetic numbs a small part of your body. Its effect should last for about 4 - 6 hours but this can vary from person to person.

What will happen after my operation?

You may be away from the ward for several hours. At the end of your operation you will wake up in the recovery room near the operating theatre. Specially trained nursing staff will look after you in the recovery room until you are ready to return to

Arthroscopy of the knee

your ward. Many people do not remember waking up in the recovery room or returning to their ward.

Your nurse will check your blood pressure, pulse, temperature and level of pain, regularly. You may continue to have oxygen through a face mask, for as long as you need it, to keep the oxygen in your body at the right level.

You should be able to eat and drink soon after your operation. As soon as you are able to eat and drink your drip will be removed.

Will I be in pain after my operation?

After all operations some discomfort, soreness or pain is to be expected; so good pain relief is important. It helps you feel better and makes it easier to move around.

You will be offered pain relief before, during or after your operation, in one or more of the following ways:

- injections
- tablets when you are able to drink again
- painkilling suppositories into your rectum (back passage)
- intravenous injection through the cannula which was placed into the back of your hand or arm before your anaesthetic.

What will happen before I can go home?

If your operation was carried out in the Day Case Unit and there have been no problems with your recovery you will be offered something to eat and drink. Depending on what your surgeon finds during the procedure you may be seen by a physiotherapist.

You may be given crutches to use and will be shown some gentle exercises, which you should continue to do while in hospital and after you go home.

When the nurses caring for you have checked that you are fit for discharge your relatives, friend or carer will be contacted to come and collect you.

If you are an inpatient, you will stay in hospital overnight and be assessed the next day by your doctor or nurse to see if you are well enough to be discharged.

If you are having problems walking you may be seen by a physiotherapist who will decide if you are walking well enough to be discharged.

Arthroscopy of the knee

When will I be told the result of my arthroscopy?

Before you go home from hospital your doctor or physiotherapist will explain to you, and a relative or friend if you wish, what has been found during your arthroscopy. You may forget what has been explained to you, due to your anaesthetic, but your relative or friend may be able to remind you.

How will I feel when I go home?

You may have some discomfort, but the painkillers you have been given on discharge should help, if taken regularly. Always follow the instructions given in the leaflet supplied with your tablets. If your pain becomes severe or continues for more than 7 days you should contact your GP for advice.

Your wound may bleed slightly in the first few hours after your operation. If it becomes heavy you should apply pressure over the affected area, raise your leg and contact the Day Case Unit, ward you attended or your local Accident and Emergency Department for advice. (See contact numbers).

If:

- you have a discharge around your wound sites
- you feel feverish, unwell or develop a high temperature above 38°C (100.4°F)
- your pain increases

you should contact your GP (during normal surgery hours). Outside surgery hours you should contact the GP Out of Hours Service, the Day Case Unit or the ward you attended for further advice (see contact numbers).

If you have an urgent problem the night after your operation you can contact the Accident and Emergency Department at your local hospital for advice. (See contact numbers)

When I go home what activities should I avoid?

For the first 24 hours after a general anaesthetic, you:

- **must not** go back to work
- **must not** drive a car, ride a bicycle or motorcycle. It is an offence to drive while unfit to do so because of the drugs used and it will probably invalidate your insurance policy.
- **must not** supervise children
- **must not** make important decisions or sign any legal documents

Arthroscopy of the knee

- **must not** operate machinery or electrical appliances
- **must not** go near open flames or sources of high heat
- **must not** drink alcohol
- **must not** take sleeping tablets, tranquillisers or any other drugs, other than those prescribed to you by your GP
- **must not** lock the toilet or bathroom door in case you need any help
- **should not** smoke.

Will I have a wound or dressing?

You will either have sutures (stitches) that dissolve over time (usually 2 - 6 weeks) or stitches which need to be removed (usually 10 - 14 days) and a waterproof dressing over your wound.

Your nurse will tell you which type of stitches you have, before you go home.

If you have stitches which dissolve over time you can remove your dressing 7 days after your operation.

If your stitches need to be removed this will be done at your GP's surgery.

You will have a bandage around your knee and underneath there will be several small dressings over the tiny incisions. You should keep your dressings clean and dry until your wounds have healed. Your nurse will tell you when you can remove the bandage and dressings.

You must not wet the dressing. If it does get wet, remove the dressing and make sure the area around your wound is dried gently, then put on a new dressing. To help prevent infection do not touch your wound.

How can I help myself get back to normal?

For the first 48 hours after your operation, to reduce any swelling in your leg you should raise it during the day when sitting.

You should move your leg regularly and do any exercises you may be given as this will help reduce any swelling.

Arthroscopy of the knee

When can I bathe or shower?

You may have a bath or shower 24 hours after your arthroscopy, when the effects of your anaesthetic have worn off. You may need some help and you must keep your dressing dry.

When can I drive again?

Your surgeon will be able to advise you about driving after your surgery. You should not drive until the pain and swelling in your knee has settled and you have full movement of your knee. Your legs must be strong enough to use the control pedals safely and be able to do an emergency stop. **You must** tell your insurance company and the DVLA about your knee surgery. If you have any worries or concerns you should discuss these with your surgeon, physiotherapist or GP.

When will I be able to return to work?

You should discuss this with your doctor or nurse and they will advise you, depending on the type of work you do.

Will I need to return to hospital?

Your GP will look after you after your operation. Your surgeon will write to your GP about your treatment and care after your operation.

What exercises do I need to do?

The exercises as shown should be done before and after your operation.

Before your operation only do exercises that do not make your knee more painful. If you have difficulty understanding them please contact your physiotherapist (see contact numbers).

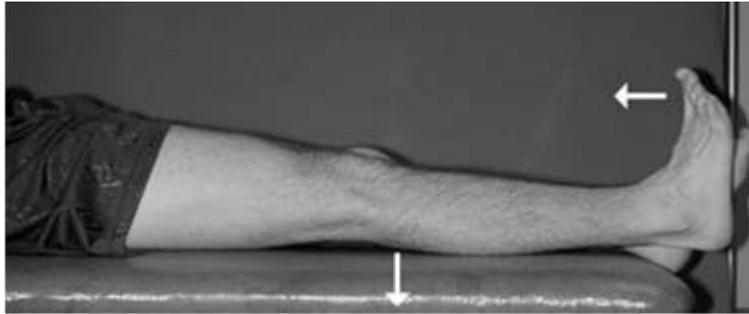
Remember the best way to exercise is little and often. You do not need to do all the exercises at once. Space them out throughout the day.

Daily knee exercises are important to improve the movement and strength of your knee.

Arthroscopy of the knee

Knee extension

- a) Lying on your back with your legs straight, bend your ankles and push your knees down firmly against the bed. Hold for about 5 seconds then relax.



- b) Lying on your back put a cushion or rolled up towel under the knee of your affected leg. Pull your foot and toes up, tightening your thigh muscles and straightening your knee (keep your knee on the cushion). Hold for about 5 seconds then slowly relax.



- c) Lying on your back with your unaffected leg bent and your affected leg straight, bend the ankle of your straight leg, push your knee straight and lift your leg 20 centimetres (about 8 inches) off the bed, hold for about 5 seconds then lower your leg.



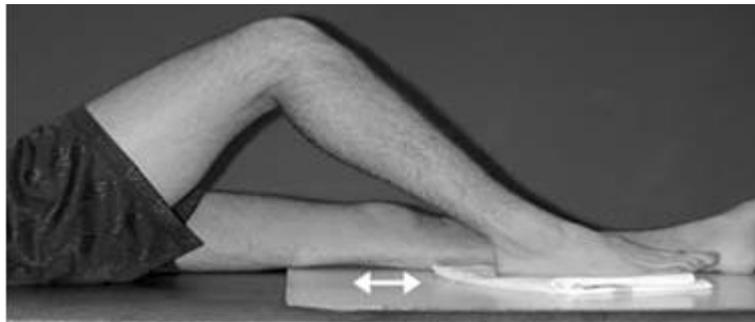
Arthroscopy of the knee

- d) Lying on your tummy, tuck your toes under, then push your knees backwards until they are straight. Hold for about 5 seconds then slowly relax.



Knee flexion

Lying on your back or sitting on a chair, bend your affected knee up. Pull your lower leg towards your body gently then return to the starting position.



Contact numbers:

University Hospital of North Tees

Orthopaedic Nurse Practitioner

telephone: 01642 624473

Monday - Friday, 9.00am - 5.00pm

Leven Unit

telephone: 01642 683598

Monday - Thursday, 7.30am - 7.00pm

Friday, 7.30am - 2.30pm

Arthroscopy of the knee

Day Case Unit

telephone: 01642 624433
Monday - Thursday, 7.00am - 9.00pm
Friday, 7.00am - 7.00pm

Orthopaedic Ward

telephone: 01642 624840
24 hours a day, 7 days a week

University Hospital of Hartlepool

Orthopaedic Nurse Practitioner

telephone: 01429 522587
Monday - Friday, 9.00am - 5.00pm

Orthopaedic Ward

telephone: 01642 382704
24 hours a day, 7 days a week

Access Lounge

telephone: 01429 522949
Monday - Friday, 7.00am - 5.00pm

Further information is available from:

NHS Choices

telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones
or via the website at www.nhs.uk

The British Orthopaedic Association

35-43 Lincoln's Inn Fields
London
WC2A 3PE
telephone: 020 7405 6507

References

1. Allum R (2002) "Complications of Arthroscopy of the knee," The Journal of Bone and Joint Surgery. Vol, 84-B, No 7, September. (2002).
2. Jameson SS, Downen D, James P et al. The burden of arthroscopy of the knee. A contemporary analysis of data from the English NHS. J Bone Joint Surg (BR) 2011; 93-B: 1327-1333.

Arthroscopy of the knee

3. Viller RN (1994) "Arthroscopy." British Medical Journal, Jan 1; 308(6920):51-3.
4. Small NC (1988). "Complications in arthroscopic surgery performed by experienced arthroscopist." Arthroscopy:4: 215.

Arthroscopy of the knee

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719

Monday – Friday, 9.00 am – 4.00 pm

Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084

Mobile: (can use text): 0779 506 1883

Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617

24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH

Telephone: 01642 617617

Fax: 01642 624089