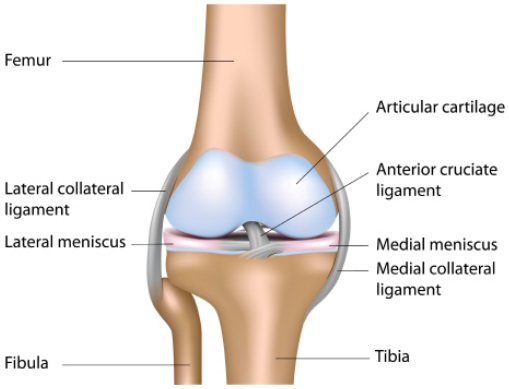
Patient information

NHS
Golden Jubilee

Knee arthroscopy surgery

Anterior view of the right knee



Important information for all orthopaedic patients undergoing knee arthroscopy surgery.

Golden Jubilee National Hospital
Agamemnon Street
Clydebank, G81 4DY
☎: 0141 951 5000
www.nhsgoldenjubilee.co.uk

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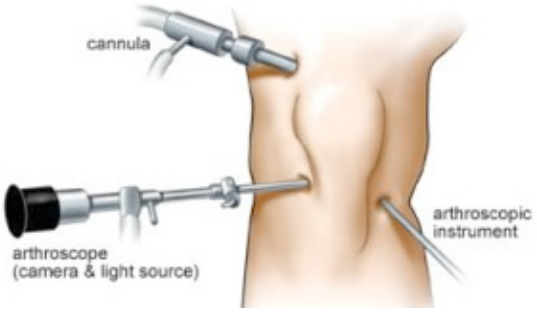
About this booklet

The purpose of this booklet is to provide you with useful advice and general guidance to help in the recovery process after your knee arthroscopy surgery.

All information provided in this booklet is for guidance only and is not exhaustive. Detailed, personalised instruction will be provided by your surgeon and physiotherapist.

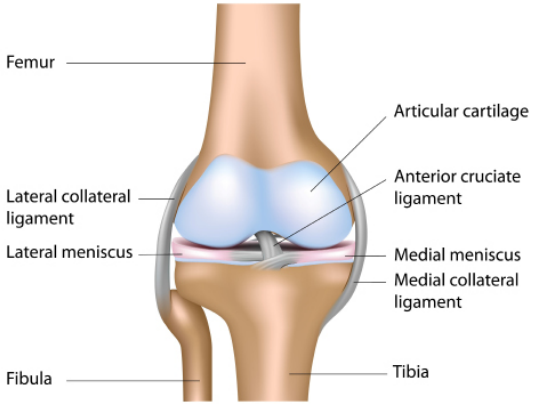
What is knee arthroscopy surgery?

Knee arthroscopy involves the insertion of a computerised camera and special instruments into the knee joint through two or three key hole incisions around the knee joint.



The arthroscope (camera) allows the surgeon to see inside the joint to make a diagnosis and, if possible, treat the problem at the same time.

Anatomy of the knee



Why do I need a knee arthroscopy?

You may have one of the following conditions that can cause pain, swelling, and instability:

- **Meniscal tears** (cartilage tears) – this is the most common knee injury, which causes causing problems with rotation of the knee. The C shaped cushions of cartilage act as shock absorbers for the knee during movement. Depending on the size and location of the tear, the meniscus may be repaired, trimmed or removed.
- **Damaged articular cartilage** (bony joint surface) – this is the part which gets worn in arthritis and can be "shaved" or removed, depending on how badly damaged it is. The condition of this may indicate the need for joint replacement or other joint preserving procedures.
- **Loose bodies** – fragments of cartilage can flake off the joint surfaces and float in the joint causing locking. These can be removed during arthroscopic surgery.
- **Damaged ligaments** – assessing the ligaments stability can help decide if further surgery is required e.g. Anterior Cruciate Ligament (ACL) reconstruction.

Before surgery

You will attend our pre-assessment clinic which is run by specialist nurses. You will be pre-assessed to make sure that you are fit for surgery. The nurse will check your temperature, blood pressure and pulse. Your weight and height will be measured and a sample of urine will be requested when you arrive. Swabs will be taken for MRSA testing and a tracing of your heart may be taken, blood sample and possibly an x-ray. An MRI scan may be required before your surgery.

The surgeon will examine you and discuss the procedure and you can ask any questions. You will be asked to sign a consent form, stating

that you have understood what is involved and that you are willing to go ahead with the surgery. You may also be examined by the ward medical staff.

Any concerns the nurses have will be highlighted to the surgeon and the anaesthetist if necessary. You will be given information regarding your procedure and you can ask any questions you have at this time.

Day of surgery

You will be brought in early in the morning for your surgery and discharged later in the day. Sometimes an overnight stay may be required. You will be seen by the anaesthetist before surgery, who will answer any concerns you may have and explain any procedures. You will need to have a general anaesthetic for the operation, so you will not be able to eat or drink for about six hours before this. However, some anaesthetists allow you to have a few sips of water up to two hours beforehand. You will be told your fasting instructions before you come into hospital.

After surgery

Your knee may be painful and swollen, especially around the incision area. This can persist for a while. Your leg will have a large crepe bandage, which is to stay in place for 24 hours. Under this will be a few dressings, which can be left in place for seven days unless there are any signs of infection, e.g. unusual leakage, heat, increased pain or swelling or feeling unwell. If you have any concerns, please refer to the contact numbers on page 10.

You will be advised to follow **P.O.L.I.C.E.** guidelines (see page 5) and apply ice to your knee at regular intervals to reduce swelling and pain. Before discharge, you will be given pain relieving medication and you will be advised on when and how often to take it.

A general anaesthetic can temporarily affect coordination and reasoning skills, so you must avoid drinking alcohol, making any vital decisions or signing legal documents for 24 hours afterwards.

You will need a responsible adult to take you home and stay with you for the first 24 hours after your surgery.

If you have stitches, please attend the review clinic, visit your GP surgery or see the District Nurse two weeks after surgery to have these removed. The surgeon will decide when your follow up appointment will be.

P.O.L.I.C.E. guidelines

Protect: Use of elbow crutches to walk well (below).

Optimal
Loading: It is important to take weight through your leg to stimulate the healing process. The right level of activity can help to manage swelling.

Ice: Apply ice for 20 minutes to reduce swelling. Always place ice pack over a damp cloth to protect your skin from an ice burn and ensure at least 20 minutes in between applications for circulation.

Compression: You will have a compression bandage in situ. Usually this is removed after 24 hours. Follow advice from your nursing staff.

Elevation: To control your swelling, elevate your leg (toes above your nose) for 30 minute periods. Ensure your whole leg is supported with three or four pillows from your heel downwards. Lie back on your bed.

Pain control

In the initial period after your operation, it is more effective to take your painkillers regularly, as they have been prescribed.

Physiotherapy and exercises

You will be seen by a physiotherapist before your operation to demonstrate the use of elbow crutches, practice some exercises and safe stairs technique (see page 9).

Most patients will not require outpatient physiotherapy, and will be advised to continue with the exercises in this booklet until you achieve full movement in your knee. If outpatient physiotherapy is required; your local physiotherapy department will contact you with an appointment.

Elbow crutches

After your surgery, you are routinely allowed to place as much weight as is comfortable on your leg, unless advised otherwise by your surgeon. Elbow crutches are to be used for pain relief and stability.

Your physiotherapist will advise you when it is appropriate for you to stop using your crutches. This is usually when you are walking comfortably, usually within two to three days, although people recover at different rates.

Brace

Some patients will need to wear a brace following their surgery. Your consultant will decide if you need to wear a brace or not. Some reasons for this include if the surgeon has repaired your meniscus or carried out work on your articular cartilage.

If needed, a physiotherapist will fit your brace after surgery. It is likely that the brace will limit how much you can bend your knee; how much it will be limited will be decided by your consultant. When resting with your leg elevated and fully supported you may remove the splint. The splint must be on at all other times.

Driving

You should not drive for approximately two weeks after surgery. This period may vary dependant on your recovery, however this should be confirmed by your consultant.

It is recommended that you contact your insurance company and inform them of your surgery. It is also advised that you attempt an emergency stop before you return to driving.

Returning to work

Return to work is dependent on the nature of your occupation. You should discuss this with your Consultant. If your job involves sitting for the majority of the day, you can return to work after two weeks. If your job is physically demanding, and involves heavy manual work or standing for long periods, then up to six weeks off work may be necessary, depending on your recovery.

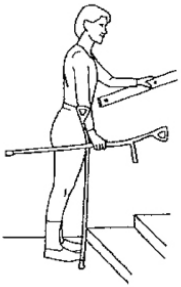
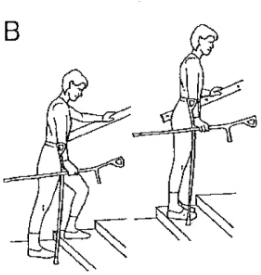
Returning to sport

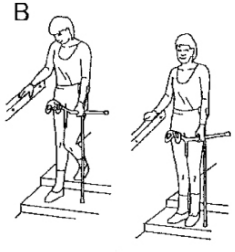
How quickly you return to sport depends on the sport you wish to participate in. You should discuss this with your consultant.

- Two weeks: return to the gym.
- Six to 12 weeks: return to racquet sports, football/rugby, climbing, snowboarding/skiing and golf.

Once you return to competitive activities, you are advised to participate at a lower level for one to two months.

Walking up and down stairs

A 	**Walking up stairs** • Stand close to the stairs. • Hold onto the handrail with one hand and the crutch/ crutches with the other hand.
B 	• First take a step up with your healthy leg. • Then take a step up with your affected leg. • Then bring your crutches up onto the step. • Always go one step at a time.

A 	**Walking down stairs** • Stand close to the stairs. • Hold onto the handrail with one hand and the crutch/ crutches with the other hand.
B 	• First put your crutch one step down. • Then take a step with your affected leg. • Then take a step down with your healthy leg onto the same step as your affected leg. • Always go one step at a time.

Physiotherapy exercises

Lying on your back with your legs straight. Bend your ankles and push your knees down firmly against the bed. Tighten the muscles at the front of the thigh. Hold for five seconds. Repeat 10-15 times, four times daily.	
Lie on a couch or bed with a roll under the operated leg. Exercise your operated leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keeping the knee on the roll). Hold for approximately five seconds and slowly relax. Repeat 10-15 times, four times daily.	

Physiotherapy exercises continued

Lying on your back. Tighten your thigh muscle and straighten your knee, keep your toes pointed up. Lift your operated leg six inches off the bed. Hold for five seconds. Repeat 10-15 times, four times daily.	
Lying on your back with a sliding board under your operated leg. Slide your heel towards your bottom bending your knee as far as you can. Repeat 10-15 times, four times daily.	
Sit on a chair with your feet on the floor. On your operated side, slide your foot backwards and bend your knee as much as possible. Repeat 10-15 times, four times daily.	
Stand leaning with your back against a wall and your feet about 20cm from the wall. Slowly slide down the wall until your hips and knees are at right angles. Return to starting position. Repeat 10 times, four times daily.	

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