Patient Information
OR01

NHS Golden Jubilee

Knee arthroscopy surgery

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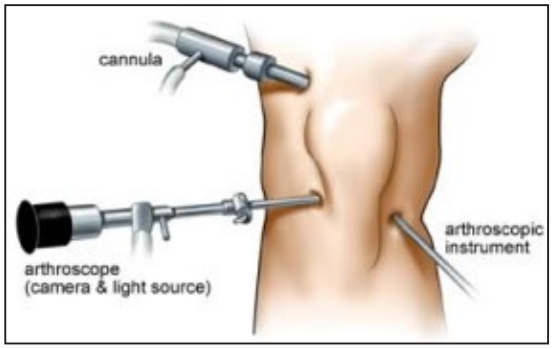
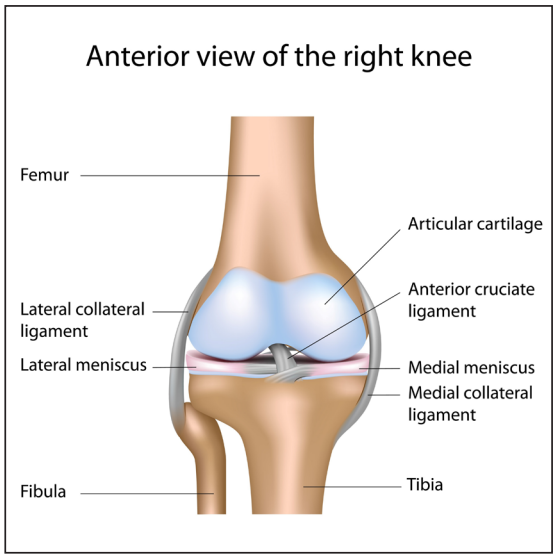
Version 10

About this leaflet

The purpose of this leaflet 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, nursing staff and physiotherapist.





What is knee arthroscopy surgery?

Knee arthroscopy involves the insertion of a computerised camera and special instruments into the knee joint through 2 or 3 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.

Why do I need knee arthroscopy surgery?

You may have 1 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

The Patient Coordination Centre will send you an appointment to see a surgeon. The surgeon will examine you and discuss the procedure, its risks and benefits 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 sent an appointment to attend a pre-assessment clinic on the same day or on a different day. At the pre-assessment clinic you will be seen by a Nurse Practitioner who will assess your fitness for surgery. The nurse will check your temperature, blood pressure, respiratory rate, oxygen levels and pulse. You height and weight will be measure and you will be asked to provide a sample of urine. Swabs will be taken for MRSA testing and a tracing of your heart (ECG) may be taken, along with blood samples a possible x-ray. An MRI may be required before your surgery, but this will be decided by the surgeon.

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 admission

You will be admitted to the Surgical Admission Unit (SAU) on level 2 of the Surgical Centre. The PCC will send you an admission time. This may be early in the morning to allow staff to prepare you for theatre. Some patients will be able to be discharged home a few hours after surgery, however some patients may also be kept in overnight. This will be a decision taken by the surgeon and/or anaesthetist.

You will be required not to eat for 6 hours before your surgery.
You may be able to sip 150 mls of clear water up until your procedure/surgery time. 150mls is approximately a small cupful for fluids. This is called SipTilSend, you will be given a leaflet explaining the process at pre-assessment.

Sipping clear still water before your procedure/surgery will help to keep you hydrated and reduce possible headaches, nausea and anxiety. It is very important that you do not drink any more than 150mls of clear water each hour, drinking too much fluid may delay your surgery.

For some patients, SipTilSend may not be appropriate and in this situation the Anaesthetic team, the Pre-assessment staff and/or the SAU staff will advise you to follow different fasting instructions.

You will be introduced to your nurse, who will complete paperwork, discuss the procedure with you and answer any questions. The nurse will ask you to change into the hospital gown and paper pants provided.

You may meet the ward doctor or Advanced Nurse Practitioner (ANP), who may examine you and ask some more questions.

You will meet your surgeon and anaesthetist, who will ask you questions and answer any queries you may have. You may be prescribed a pre-medication tablets, which the nurse will give you before you go to theatres.

Nursing staff will check your vital signs (heart rate, blood pressure, respiratory rate, Oxygen levels and temperature) on a monitor. At the designated time, you will be escorted to theatre, where you will be met by theatre staff and the anesthetist. You will have a needle inserted into a vein to allow for any required drugs or an anaesthetics to be given. Following this you will be taken into theatres.

After surgery

When your surgery has finished, you will be taken to the recovery area until it is time for you to return to the SAU. On return to SAU, a nurse will monitor your vital signs and wound(s) on a regular basis. You will be given something light to eat and drink. Once you have met the discharge criteria, i.e. you have had something to eat and drink, you do not feel nauseated or are vomiting, you have passed urine and any pain is reasonably well controlled, you will be discharged home. Discharge home will be a minimum of 2 hours after your return from surgery.

Your wound will have a dressing in place, which will remain in place for 7 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 about your wound post discharge, please call 0141 951 5554 for advice.

You may be given medication to take home, this may include painkillers. Nursing staff will advise you on how and when to take this medication.

Please arrange transport home prior to coming in for your surgery/procedure. You must have a responsible adult collecting you and you must have someone staying overnight with you on the night of your surgery.

Try to ensure the vehicle you travel home in is large enough for you to put your foot up on the back seat while sitting and wearing a seatbelt. You must not go home by public transport.

If you are to remain in hospital overnight, you will be transferred to the ward either after theatre or after a short time in SAU. Instructions in regards discharge from the ward will be discussed with you by ward staff.

You will be advised to follow the POLICE guidelines in the next section of this leaflet 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, it is very important to avoid alcohol, making any vital decisions or signing any legal document for 24 hours after your surgery.

If you have stitches, you will be seen at a review clinic, GP surgery or by the District Nurses, 2 weeks after you surgery, to have your stitches removed. The surgeon will decide when your follow up appointment will be.

POLICE 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 3 or 4 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 5).

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 to assist with 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 2 to 3 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 2 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 2 weeks. If your job is physically demanding, and involves heavy manual work or standing for long periods, then up to 6 weeks off work may be necessary, depending on your recovery.

If you require a fit note for your employer, please inform the nursing staff on admission.

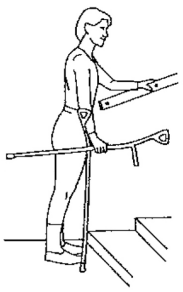
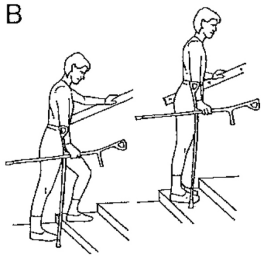
Returning to sport

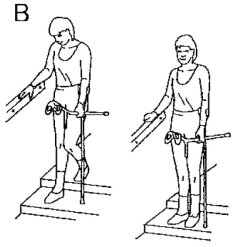
How quickly you return to sport depends on the sport you wish to participate in. You should discuss this with your consultant.

- 2 weeks: return to the gym.
- 6 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 1 to 2 months.

Walking up and down stairs

Walking up stairs	
A 	• Stand close to the stairs. • Hold onto the handrail with 1 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 1 step at a time.

Walking down stairs	
A 	• Stand close to the stairs. • Hold onto the handrail with 1 hand and the crutch/crutches with the other hand.
B 	• First put your crutch 1 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 1 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 5 seconds. Repeat 10-15 times, 4 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 5 seconds and slowly relax. Repeat 10-15 times, 4 times daily.	
Lying on your back. Tighten your thigh muscle and straighten your knee, keep your toes pointed up. Lift your operated leg 6 inches off the bed. Hold for 5 seconds. Repeat 10-15 times, 4 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, 4 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, 4 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, 4 times daily.	

Contact

The Surgical Admission Unit is opened Monday to Friday, 7am-9.30pm.

If you have any issues post surgery please contact the hospital switchboard on **0141 951 5000** and ask to be put through to the Surgical Admission Unit.

If you have any issues out with these hours please contact the hospital switchboard and ask to be put through to the Orthopaedic ward.

In an emergency, you should contact NHS 24 or go to your nearest Accident and Emergency department.

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我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claistinn no riochd eile a tha sibh airson a thaghadh.

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