

Post-Operative Knee Arthroscopy

Service User Information Leaflet

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Produced by NHS Fife Musculoskeletal Physiotherapy Service

Exercise Diagrams: © PhysioTools

Between the thigh bone and shin bone are shock absorbers called the menisci (cartilage). There are two in each knee and they are made of soft cartilage similar to that in the tip of your nose. They can be torn through injury. Usually this is a twisting injury. Also this cartilage becomes less flexible as we age and it can tear due to general wear and tear as part of the natural ageing process (Figure 1).



Figure 1: Knee Joint

What happens on the day of surgery?

- You will usually see your consultant, or one of their team, and the anaesthetist.
- You will sign the consent form for surgery, if not signed at pre-op clinic.
- When it is your theatre time, you will be taken to theatre, usually walking or in a chair.

What is an arthroscopy?

An arthroscopy is an operation, which allows your surgeon to look inside your knee joint using a special camera.

How is it done?

The procedure is usually carried out under general anaesthetic. An arthroscopy involves inserting a fibre optic camera that is about the size of a pencil into the joint through skin cuts that are approximately 1cm in length. Fluid is then passed into the joint. This allows the structures in the joint to be seen. Using miniature instruments the structures can then be examined.

What is a partial meniscectomy?

During the arthroscopy, if a tear in the meniscal cartilage is found it can be removed. This is done using small cutting instruments. As little as possible cartilage material is removed and the remainder is smoothed off.

After the operation

- You will wake up in the recovery area of the theatre.
- You may have 2 or 3 small wounds, which will be covered with a small dressing.
- You will have a compressive wool and crepe bandage on your knee.
- It is normal for your knee to be a little sore and swollen for the first 48 hours.
- After about an hour you will be offered some water, and then if you feel well you will be able to have food and a hot drink. When you have had some food the physiotherapist will see you and explain the exercises you need to do at home. They will check you are able to walk and that you are safe on the stairs. You may need crutches.
- You will also probably be allowed to go home on the same day as your operation and you will be given some painkillers on discharge from hospital. It is important that someone will be with you overnight after the operation; otherwise you will have to stay in hospital overnight.

What are the benefits of a partial meniscectomy?

Following your operation the main improvements should be:

1. Reduction of pain.
2. Your knee should stop giving way or locking.

Remember, these improvements will not happen immediately. It can take 2 to 6 weeks for the knee to become less swollen and up to 6 to 12 months for your knee to fully return to normal.

What are the risks of a partial meniscectomy?

- 1 in a 100 chance of an infection at the site of one of the operation holes (portal hole).
- 1 in a 500 chance of infection deep within the knee (septic arthritis).
- 1 in a 100 chance of an abnormal pain reaction to any surgery (complex regional pain syndrome). This type of pain reaction may need physiotherapy or a pain clinic appointment.
- 3 in a 100 chance of deep vein thrombosis (DVT) - a clot in the calf or pulmonary Embolism (PE) - clot in the lungs. These events are very rare following keyhole surgery to the knee, but can be potentially life threatening.
- Ladies who take the combined oral contraceptive pill need to stop taking it 6 weeks before surgery.

What exercises can I do immediately after surgery?

The following exercises should be started immediately, once shown by your physiotherapist and continued at home. These should be performed 4 times each day.

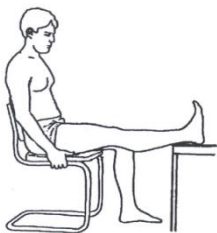
1. Sitting with your legs out straight. Put an elastic band supplied by your physiotherapist around your foot. Bend your knee as far as possible. Gently pull the band to bend your knee a little more. Hold for 5 seconds. Repeat 10 times.



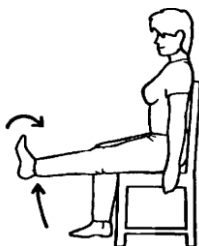
2. Lying on your back with legs straight. Bend your ankles and push your knees down firmly against the bed. Hold for 5 seconds. Repeat 10 times.



3. Sitting on a chair, with the leg to be exercised supported on a chair as shown. Let your leg straighten in this position. Hold for 5 seconds. Repeat 10 times.



4. Sitting on a chair. Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for about 5 seconds. Slowly relax your leg. Repeat 10 times.



At home it is important to walk as normally as possible. For the first few days rest as much as necessary with your leg elevated. Move your feet and ankles up and down to help your circulation. Walking short distances around your home should be fine. Gradually increase your walking distance as pain and swelling allow. If at any time your knee becomes acutely painful, you can take pain relief tablets and use ice to reduce your symptoms. To do this, make sure the ice is in a sealed bag, and then wrapped in a damp towel. Alternatively a bag of frozen peas wrapped in a damp towel may be used. Apply the ice for 10 to 15 minutes at any one time. You can use ice every hour if necessary. Staples/stitches should be removed at 2 weeks after your operation by your general practitioner.

Crutch walking:

Crutches and operated leg move first, and then follow through with your good leg.

Stick walking:

Use the stick in the hand opposite to your operated leg. Stick and operated leg move first, and then follow through with your good leg.

Stairs:

Keep both crutches or stick in one hand, hold the banister with your other hand. Going up stairs, lead with your 'unoperated leg'. When going down stairs lead with your operated leg. Always keep the walking aid on the same step as the operated leg.

GENERAL ADVICE

Showering

You may shower provided that you keep the affected area water tight, i.e. with a plastic bag or 'cling' film around your leg and sealed. If the dressing becomes wet or soiled, please replace it with a clean dry one.

Return to work

For desk jobs this could be 5 to 7 days depending on pain and swelling. For manual jobs it may take 2 to 6 weeks depending on activities involved and how your knee feels. Jobs that require you to do deep weight bearing squats, may require you to change your work practise to avoid this position. If you are unable avoid such squatting you may not be able to return to work until 3 months after the operation.

Driving

Return to driving can vary considerably from person to person. Most people are able to drive 1 to 4 weeks after surgery.

However, it is advisable that the following are achieved before trying to drive.

1. You should be walking without crutches with a minimal limp.
2. You should be able to safely perform an emergency stop.
3. You should feel confident that you are in full control of your car.
4. If you drive an automatic car and your left knee was operated on you can drive once the small wounds are healed.