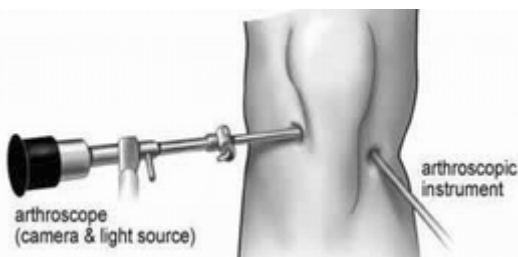


Knee Arthroscopy

The procedure:

The surgery is done using an arthroscope (small fibre optic camera) inserted into the knee joint via small incisions (key hole surgery).



trimmed

- If a tear in the meniscus or cartilage is found this will either be (usual) or repaired (discussed prior).
- Rough surfaces will be smoothed off and if a ligament injury is apparent this may be addressed (if discussed prior).
- Local anaesthetic (painkiller) is injected into and around the joint after the procedure to minimise postoperative discomfort.
- The incisions are very small and wound care after the operation is simple.
- Most people are able to go home a few hours after the surgery.

Make a post op appointment 10-14 days after the operation to have the wounds checked and discuss the findings at surgery.

After the operation:

Pain control

- Once the effect of the local anaesthetic begins to wear off you may well experience some pain and it is important that you take your painkillers regularly as prescribed.
- Regular (3 or 4 times/ day) Paracetamol (Panadol) is the first line of pain relief. You will have a prescription for some stronger painkillers for a few days which you should take as instructed. You can also take anti-inflammatory tablets (eg Ibuprofen/ Nurofen) if they are not contraindicated.

Wound care/washing

- The small incisions are sealed with steri-strips (paper strips) or stitches and are covered with small dressings. Your knee will be bandaged after the operation. You may remove the bandages after 2 days and use a length of Tubigrip (elasticated bandage) available from the hospital or a chemist.
- If the steri-strips come off and the wound is not yet healed a small dressing will need to be applied and kept dry until the wound has healed.
- The leg should not be soaked in a bath until 2 weeks post op and the wound has healed and the swelling is controlled.
- Do not go swimming until after the first post op visit and wound check at 2 weeks.

Crutches

- Unless advised otherwise by your surgeon you will be able to take as much weight as is comfortable through the leg immediately post op when walking.
- Crutches may be required for the first 2-3 days for comfort.
- The technique for using crutches:

When **walking**: *crutches, operated leg, good leg.*

Going **up stairs**: *good leg, operated leg, crutches.*

Going **down stairs**: *crutches, operated leg, good leg.*

Swelling

- **REST/ELEVATION**: During the first 3 days it is important to keep the leg elevated above the heart as much as possible in order to reduce and minimise swelling. It is important to do the exercises prescribed and to move little and often in order to maintain strength and prevent minimise the risk of blood clots.
- **ICE**: Ice should be applied to the knee for 20 minutes every hour for the first few days. Ice your knee after you have done your exercises. Always protect your skin by wrapping the ice pack in a cloth/tea towel.
- **COMPRESSION**: Use the tubigrip provided. This will need to be worn during the day for 2-4 weeks depending on how quickly the swelling resolves.
- Some pain and swelling post op is not uncommon and using the techniques of Rest, Ice, Compression and Elevation (RICE) will help to minimise these symptoms.

If you experience increasing pain, redness, fevers, wound ooze or calf pain contact your surgeon's rooms immediately or go to your local hospital Emergency Department for assessment.

Risks and complications

No surgery is risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems and measures are taken to reduce these.

Return to activity guidelines:

Work

Sedentary: 5-10 days
Manual: 4 weeks

Fitness

Exercise Bike: 2 weeks
Gym: 2-4 weeks
Swimming: 2-4 weeks
Running: 4-8 weeks
Sport: 6-8 weeks

Driving: once you can mobilise comfortably, perform an emergency stop and are not taking strong pain medication.

This brochure is a brief overview of knee arthroscopy and is not designed to be all-inclusive. If you have any further questions please discuss them with your surgeon.