GUIDELINES FOR PATIENTS HAVING A KNEE ARTHROSCOPY

Last Revised May 2011
Knee Arthroscopy

Table of Contents

1. Introduction
2. What is a Knee Arthroscopy?
3. Potential Complications
4. Physiotherapy
5. Your Rehabilitation Goals
6. General recommendations
7. Discharge Instructions
8. Conclusion
9. Individual Patient Notes

Introduction

This information booklet has been written to give you and your family a basic understanding of what is involved when you require a Knee Arthroscopy.

Although you may have been told different information from friends or others, please follow these instructions specifically.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in UPMC Beacon Hospital, you will receive continuous advice and support from all members of the team.

What is a Knee Arthroscopy?

A knee arthroscopy is a day case procedure. This procedure gives a view of the inside of your knee and allows the surgeon to see if there is any knee injury or abnormality.

First an anaesthetic is given. Patients usually receive a general anaesthetic. Then a very tight band is placed on the thigh of the affected leg. This band reduces the amount of bleeding in the joint and gives the surgeon a better view. This band is called a tourniquet.

Two or three small incisions are made in the knee. The surgeon can insert instruments through his incision. First your knee is filled with sterile fluid. The fluid expands the knee joint to make more room inside for the surgeon to see and work.
Knee Arthroscopy

Next a tube that has a small light and camera is inserted into the knee. The tube is called an arthroscope. The camera sends an image of your knee to a TV monitor. The surgeon can view the inside of your knee on the monitor.

When possible the doctor uses special surgical instruments to correct the injury or abnormally. Then the joint is washed out with a stream of sterile fluid and the instruments are removed. The incisions are closed with stitches, staples or Steri-strips. Lastly, a dressing is put on the incisions.
Knee Arthroscopy

Detection

An arthroscopy can detect knee problems such as

- Tears in ligaments or tendons
- Pain and swelling (inflammation)
- Fractures
- Loose pieces of bone or cartilage
- Joint wear and tear

Treatment

An arthroscopy can treat knee problems such as

- Tears in meniscus cartilage.
- Wear and tear of other cartilage.
- Tears in ligaments.
- Other knee problems

Potential Complications of Knee Arthroscopy

Incidence

While complications are not common, all surgery has associated risks. The following is a list of some of the problems that could potentially occur.

Infection

Infection is a potential complication of all operations. Post-operative infection may be:

- Superficial – usually settles with antibiotics
- Deep, involving the joint. This can require further surgery to wash out the joint as well as intravenous antibiotics.

Nerve Injury

Small areas of numbness may be associated with the operative incision. The numbness is usually temporary. Occasionally wounds can become painfully sensitive, although this normally settles with time.

Wound Healing

Although arthroscopy is performed through ‘Key Hole’ incisions, there is still a possibility of delayed wound healing. This may result in a serous discharge from the wounds for a short period after surgery and usually settles spontaneously. Occasionally the arthroscopy portals can produce a small local hernia of fatty tissue from within the knee. This rarely causes any clinical problems.
Manage Your Pain

Pain is a common occurrence following any surgical procedure. It can be well managed with medications. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your surgery.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable

(Please point to the number that best describes your pain)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>NO PAIN</td>
<td></td>
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<td>WORST POSSIBLE PAIN</td>
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Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/ medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

Physiotherapy

EXERCISE PROGRAM

Exercise is very important following a knee arthroscopy.

Please be sure to read the exercises carefully and ask your physiotherapist any questions that you may have before you leave the hospital.

These exercises should be carried out 3 times a day; morning, afternoon and evening

Early Post-operative Period 0-1 Weeks

1) Static Quadriceps
   • Tighten muscles of your thigh on the operated leg pushing the back of your knee into the bed
   • Pull the toes of your operated leg up towards you simultaneously.
   • Hold for 5 seconds then relax.
   • Repeat 10 times.

Last Revised May 2011
Knee Arthroscopy

2) Straight Leg Raising

- Tighten the muscles at the top of your operated leg
- Keeping your operated knee straight, raise the leg about 6 to 10 inches off the bed
- Hold for 5 seconds.
- Slowly lower your leg back to the bed
- Repeat 10 times

3) Knee Flexion

- Lying on your back, bend your knees as much as possible by sliding the heel up and down in a controlled manner.
- Keep your kneecap pointed up to the ceiling

4) Knee Extension:

- Place a pillow or rolled towel under the knee.
- Push the knee straight into the towel, hinging the heel off the bed
- Hold for 5 seconds
- Repeat 10 times

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If you experience any pain with any of these exercises cease the exercise immediately

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Knee Arthroscopy

Stairs Technique

Going up-stairs

• Maintain crutches/walking stick on the step below.
• Lead with the un-operated leg up onto the step above.
• Take your weight onto the un-operated leg by pushing on crutches/walking stick and banister.
• Follow with the crutch/walking stick onto the same step.

Going Downstairs

• Put crutch/walking stick down onto the step below.
• Follow with the operated leg.

• Take weight onto the operated leg using the crutches and banister for support.
• Follow with the un-operated leg onto the same step.

After Your Surgery

Pain and Swelling

It is normal to have pain and swelling in your knee after surgery. The swelling may last 2-3 weeks and the pain is variable. Acute pain, however, is relieved after the first 3-7 days after surgery. It is normal to even see some bruising up to your thigh or down to your calf. Take your oral pain medication as directed for pain. If you have severe pain or redness, contact the Centre for Orthopaedics at 01-2937575 (Monday to Friday 08:00 – 16:00) or outside of these hours, the Orthopaedic Ward on 01-2938687. Swelling can be minimised by doing the following:
Knee Arthroscopy

• Make certain your bandage is not too tight and regularly elevate your leg so it is above the level of your heart (if you are sitting, prop your ankle up on several pillows.) Keep your ankle higher than your knee, and your knee higher than your hip. This will help reduce swelling and relieve pain.

• Ice: wrap the ice in a damp towel and apply to the knee for 10 mins on and then 10 mins off. Repeat x 3-4 times daily.

Dressing

Keep your dressing clean and dry, but do not remove it for 24 hours. There may be some bloody spotting on this, however this is normal. Excessive bleeding that soaks the dressing should be reported to Nursing Staff. The compression bandage (tubigrip) should be removed at night and worn for 3-5 days until swelling improves.

Bathing

Try to keep the Mepore bandage as dry as possible when showering and do not take a bath or swim for the first week after your surgery until the wound is healed. You may remove the tubigrip bandage before you shower and also to clean the tubigrip itself.

Weight Bearing

You must walk with your crutches, using the same pattern taught to you by your physiotherapist. Full weight bearing is permitted as tolerated unless you are otherwise informed. Crutches should be used until you are able to perform straight leg raise and walk without a limp- normally achieved by 5 days post surgery. You must also feel confident and comfortable walking without the use of an aid. If you feel you require use of one elbow crutch for a further few days, always use the crutch opposite to your operated knee.

Activity

You should start walking full weight bearing immediately. You should begin prescribed Physiotherapy exercises as soon as is permitted- usually immediately post surgery, three times daily.

Driving

You must be able to comfortably use the brake and accelerator and be finished all pain medication before you are cleared to drive. If in any doubt, check with your consultant.

Work

Plan to take 2-3 days off work following your surgery. If your job requires a lot of walking or manual labour, contact your consultant for appropriate work restrictions.

Warnings

Notify nursing staff if any of the following occurs:

• Excessive bleeding
• Excessive non bloody wound drainage beyond the first 3-4 days
• Poor Pain control

Last Revised May 2011
Knee Arthroscopy

- Numbness or tingling
- Fever greater than 38°C
- Increased redness along incision
- Calf pain or swelling

**Discharge Instructions**

When you leave the hospital, you will be asked to make an appointment to see your consultant, usually 2 to 6 weeks after the operation. This is for a routine check-up which will make sure you are progressing satisfactorily.

On discharge from hospital, your consultant will prescribe you some medications. One of the medications prescribed will be pain medications. Plan to take your pain medication 30 minutes before exercises. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact the Centre for Orthopaedics (01-2937575, Monday to Friday 08:00 – 16:00) or your general practitioner.

**Follow Up Physiotherapy**

You should have formal Out-patient Physiotherapy appointment 7-10 days after the surgery. The phone number for UPMC Beacon Physiotherapy Department is 01-2936692

**Wound Care**

You will leave the hospital with a simple surgical wound.

Infection may occur despite your very best efforts. If any of the symptoms below occur then you will need to see your GP or liaise with the centre for orthopaedics re advice and possibly antibiotics.

**Signs of Infection**

If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the wound site
- Increased pain in the wound
- Swelling around the wound
- Heat at the wound site
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound
- Feeling of being generally unwell
- Fever or temperature

Some people will have sutures that will need to be removed approximately 10-14 days after surgery. This may be done by the GP, UPMC Beacon Hospital Dressing clinic or your consultant. The Dressing Clinic can be contacted on 01-2936096.

**Conclusion**

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery.

We look forward to meeting you soon.

**Individual Patient Notes:**

Consultant Name: ________________________

Last Revised May 2011
Knee Arthroscopy

Date of Surgery: ______________________________

Surgery Note: ________________________________

Weight Bearing Status: ________________________

Walking Device: ______________________________

Date for removal of sutures ____________________