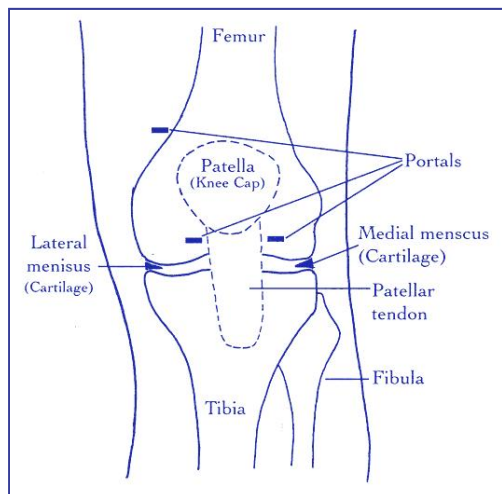


Costs

Dr Coolican charges above the Medicare schedule and so patients have a gap to pay. The anticipated gap for your arthroscopic surgery will be discussed with you at the time of booking surgery although this could vary a little depending on the findings at surgery. Your anaesthetic fees are in addition to the surgery fee.



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Knee Arthroscopy

Information for Patients

Introduction

Knee arthroscopy provides direct inspection of the joint with further arthroscopic surgery as directed by the findings. All surgery is usually performed at the one time with admission and discharge on the same day (same day surgery). Knee arthroscopy is performed to treat problems with the menisci (which footballers call “cartilages”), the synovium or the bearing surfaces (which doctors call hyaline cartilage). Occasionally surgery will be to remove loose bony fragments, trim a loose piece of bone, take a sample of tissue (biopsy) or diagnose or treat joint infection or inflammation.

You should stop any non-steroidal anti-inflammatory medication (e.g. Feldene, Voltaren, Clinoril or Brufen) a week before surgery and Aspirin (e.g. Cardiprin, Astrix) ten days before surgery. These drugs interfere with platelets that are involved in the blood clotting mechanism. If you are taking Aspirin or Warfarin for anti-clotting purposes associated with previous blood clots, you may need to continue with this medication. This should be discussed with Dr Coolican. Remember to bring your radiographs and any other imaging studies such as your MRI to hospital.

If you have any cuts or scratches on your leg in the vicinity of the proposed surgery or if you have a small boil or pustule, it may be necessary to postpone your surgery. If such eventuality does arise, please let Dr Coolican or his staff know prior to surgery.

Hospital

Prior to surgery you will meet the anaesthetist who will discuss your past medical problems and anaesthetic history. We almost always utilise a general anaesthetic. After settling into hospital, nursing staff will help shave your leg (if necessary), prepare it with Betadine or other antiseptic and wrap it with a sterile drape. This helps prevent infection and also helps identify the correct side for surgery. You will be repeatedly asked by hospital staff “which side”. Do not be alarmed, it is not that we do not know but is a check.

After anaesthesia is commenced your leg is examined to assess ligamentous stability and then a tourniquet is usually applied, the leg placed in a thigh support and prepped and draped. The arthroscope and instruments are inserted via two small incisions approximately one centimetre long at the front of the knee. The joint is then distended with clear fluid and a third incision may be made for the fluid to drain and to give access to other parts of the knee. Surgery is performed through the small incisions with vision being provided via a television monitor. At the conclusion of the procedure, the joint is washed out, Morphine injected

into the joint and local anaesthetic around the portals to reduce pain after surgery. This wears off after twelve hours and you may notice an increase in pain at this time.

Following surgery, a dressing of gauze, wool and crepe is applied which should remain in place until the following day. You should keep this dressing dry. You will see Dr Coolican in the recovery area or ward after the surgery. He will give you a report of the operation with a note on post-operative rehabilitation which you should take to your physiotherapist. If you do not have a regular physiotherapist, Dr Coolican will recommend a physiotherapist near to your home or work. It is helpful if a relative is with you after surgery as you may not retain all that you were told because of lingering effects of anaesthetic agents. You are not allowed to drive for twenty four hours after the surgery.

Postoperative Pain

The local anaesthetic and Morphine injection into the joint or portals at surgery wears off approximately twelve hours after surgery. You may notice a gradual increase in pain at this time. Rest, elevation, ice and pain medication are all helpful in relieving pain for the first day or two after surgery.

Pain the day after surgery usually occurs with activity and a quiet day at home should be planned. Too high an activity level soon after surgery can prolong recovery time and cause unnecessary setbacks, pain and swelling.

Dressings

On the morning after surgery, remove the dressings down to the paper tapes (called Steristrips) which hold the portals closed. Usually there are no sutures. Leave the Steristrips in place and partly cover with a band-aid or a waterproof dressing provided by the hospital. You may shower at this stage but after each shower, change the band-aid. Waterproofs usually do not require changing. The Steristrips will peel off over two or three days. Band-aids are required until the portals have healed. Some portals require sutures and these should be removed by your GP one week postop.

Rehabilitation

Rehabilitation starts immediately after surgery.

- A) Tense your thigh muscle (quadriceps) for 10 seconds and then relax for 10 seconds. Repeat for 2 minutes every waking hour.
- B) Ankle movement exercises to prevent blood pooling in the calf. Move toe from fully pointed down to up every two seconds for ten seconds every half hour.
- C) Straight leg raising exercises to 45°, three sets of ten three times daily.

- D) Physiotherapy—you will be given a referral to a physiotherapist for postoperative supervised rehabilitation. Usually only 3—5 visits are required with the physiotherapist teaching exercise routines that are appropriate for your age and activity level.

Follow-Up Visits

If you have not been given a post operative appointment by Dr Coolican's secretary at the time of booking surgery, please call Dr Coolican's office the next working day to schedule a follow-up visit usually two to three weeks after surgery. One post-operative visit only is usually all that is required.

Return to Work and Sport

Sedentary work:	2 to 3 days
Physical work:	2 to 6 weeks
Light training:	10 days to 2 weeks depending on swelling.
Competitive Sport:	3 to 4 weeks depending on progress.

The speed of recovery depends on what is done at surgery and other problems with your knee. Patients who have some arthritis or other wear and tear changes in the knee at surgery often take longer to recover from arthroscopy, closer to 2 or 3 months rather than 2 or 3 weeks.

Complications

Arthroscopic surgery is very commonly performed and usually without any complications. However, all surgery carries risks including infection, blood clots, problems related to the anaesthetic and inadvertent injury to blood vessels or nerves.

Infection is exceedingly rare following arthroscopic surgery. When it occurs, it is manifested by increasing pain, swelling, fever or redness around the incisions. If in doubt, check with Dr Coolican. Blood clots may present as calf pain or unexplained swelling and should be reported to Dr Coolican.

If you have any questions about your proposed surgery, its risks, potential complications or likely benefits, please do not hesitate to speak to Dr Coolican prior to surgery.