

Dr David A Parker
Orthopaedic Surgeon
Knee Specialist

Arthroscopy of the Knee
Information for Patients

Introduction

Knee arthroscopy allows direct inspection of the joint and its structures, and treatment of several conditions that can occur within it. This is usually done as same-day surgery.

Knee arthroscopy is performed to treat problems with the menisci (commonly referred to as “cartilages”), ligaments, joint lining, or the joint surfaces (“hyaline cartilage”). Occasionally surgery will be to remove loose bony fragments, take a sample of tissue (biopsy), or diagnose or treat joint infection.

You should stop any anti-inflammatory medications, including aspirin, one week before surgery. These drugs may interfere with blood clotting. If you are taking aspirin or Warfarin for anti-clotting purposes associated with previous blood clots or heart disease, you may need to continue with this medication. This should be discussed with Dr Parker. Remember to bring your X-rays and any other tests, such as MRI scans to the hospital with you. Please ensure that you have no cuts or scratches on your skin, as this is an infection risk, and will usually result in surgery being deferred.

Hospital

Prior to surgery you will meet the anaesthetist who will discuss your past medical problems and anaesthetic history. The surgery is almost always performed under a general anaesthetic. Dr Parker will also see you prior to the surgery. You will be repeatedly asked by the hospital staff “which side”. Don’t be alarmed, it is not that we don’t know but is a check.

After anaesthesia is commenced your leg is examined to assess ligamentous stability, and then the arthroscope and instruments are inserted by two small incisions approximately one centimetre long at the front of the knee. The joint is distended with fluid to allow a clear view. Surgery is performed through the small incisions with the images on a television monitor. Local anaesthetic is injected into the joint to reduce pain after surgery. This wears off after 12 hours and you may notice an increase in pain at this time.

Following surgery, a three layer dressing of gauze, padding and tubigrip bandage is applied which should remain in place for approximately 2 days. You should keep this dressing dry. You will see Dr Parker in the recovery area or ward after surgery. He will give you a brief report of the operation with an instruction sheet and a referral for your physiotherapist. If you do not have a regular physiotherapist, Dr Parker will recommend one near to your home or work. It is helpful if a relative is with you after the surgery as you may not retain all that you are told because of lingering effects of anaesthetic agents.

Postoperative Pain

The local anaesthetic injection into the joint at surgery wears off approximately 12 hours after the 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 1 to 2 days 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.

Dressings

On the second morning after surgery remove the dressings down to the paper tapes (called Steri-strips) which hold the portals closed. Usually there are no sutures. Leave the Steri-strips in place and partly cover with the adhesive dressings given to you at the hospital. You may shower at this stage but dry the dressings thoroughly afterwards. The wounds need to stay dry until you are seen by Dr Parker.

Rehabilitation

Rehabilitation starts immediately after surgery.

- Tense your thigh muscle (quadriceps for 10 seconds then relax for 10 seconds). Repeat for two minutes every waking hour.
- Ankle movement exercises to prevent blood pooling in the calf. Move toe from fully pointed down to up for 2 to 3 minutes every hour.
- Straight leg raising exercises to 45 degrees, 3 sets of 10, three times daily.
- Physiotherapy—you will be given a referral to a physiotherapist for post-operative supervised rehabilitation. Usually only 3-5 visits are required, with the physiotherapist teaching exercise routines that are appropriate for your age and activity level.

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Follow up visits

Please call Dr Parker's office the next working day to schedule a follow up visit 2 weeks after surgery. Usually one visit only is required.

Return to Work & Sport

Sedentary work: 2 to 3 days
Physical work: 2 to 6 weeks
Light training: 10 days - 3 weeks depending on swelling
Competitive sport: 3 to 6 weeks depending on progress
Speed of recovery will obviously vary depending on what is actually done at the time of the arthroscopy.

Complications

Arthroscopic knee surgery is very commonly performed and usually without any significant 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 knee surgery. When it occurs it is manifested by increasing pain, swelling, fever or redness around the incision. If in doubt check with Dr Parker. Blood clots (deep venous thrombosis) may present as calf pain or unexplained swelling and should be reported to Dr Parker immediately.

Costs

Dr Parker's charges and any associated gap not covered by Medicare and your health fund will be discussed with you when your surgery is arranged. Please feel free to discuss any aspect of this which is unclear to you, either with Dr Parker or his secretary.

If you have any questions concerning your surgery, its risks, benefits, likely outcome or complications please do not hesitate to contact Dr Parker.

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