

KNEE ARTHROSCOPY: - A GUIDE FOR PATIENTS

Introduction

Knee arthroscopy is a surgical procedure in which a small telescope is passed into the knee joint together with some specifically designed small instruments. This gives the surgeon a good view of the inside of the joint and is useful in both the accurate diagnosis and treatment of ligament and cartilage injuries within the knee.

The Operation

The surgery is usually performed under general anaesthetic. Admission to hospital is usually on the morning of surgery and discharge is usually possible later the same day although in some instances there may be a reason for remaining in hospital overnight.

Surgery is performed through 2 or 3 small puncture wounds on the front of the knee. These are small and require no stitches. At the end of the procedure you will wake up either in the recovery room or back on the ward and will have a bulky dressing of wool and crepe bandage on your knee. This is reduced to a small elasticated bandage the day after surgery. Small adhesive dressings will be applied to your wound which should remain in place for 5 to 7 days. The wounds should be kept dry until this stage or at least until they are dry and scabbed over.

Your knee should not be too sore after the procedure as the joint is filled with local anaesthetic at the end of the procedure. After this wears off you may need some pain relieving tablets which you will be supplied with prior to your discharge. After you have used this supply, a mild analgesic such as Paracetamol should suffice.

Shortly after returning to the ward you should be able to lift your leg up straight unaided and at this stage the muscles are strong enough to support your body weight. A physiotherapist will see you to teach you some exercises and to supervise your initial mobilisation with crutches if necessary.

Post-operative care

You will be able to ride home by car but should not drive yourself. You should plan to have a couple of quiet days at home immediately after the operation and avoid prolonged periods of sitting, especially long journeys.

You should avoid flying at all for 1 week and long-haul for 2 weeks. For 2 weeks you should carry out your physiotherapy exercises but bear in mind that your knee may feel somewhat swollen and uncomfortable in this early phase.

You should make arrangements to be seen by a physiotherapist 3 - 4 days following surgery - the physiotherapist will supervise your early recovery. This appointment should be made at the time you book your date for surgery.

You will have an appointment to see your surgeon 2 – 3 weeks after surgery. At the follow up appointment the surgeon will check that you are progressing satisfactorily and discuss the findings at surgery together with any necessary future management.

Return to normal activities

Usually people require 4 - 5 days off work if they have a desk job and have only a short journey to work. If you have a heavier job involving physical activity or a lengthy journey to work, it may well be 2 or 3 weeks before you are able to return and in the case of heavy manual work this may be up to a month.

It must be stressed that these are only guidelines and the recovery of the knee depends to a certain extent on the physical findings and procedures carried out at the time of surgery.

You may drive your car when you are able to walk comfortably and feel that you are in control of the vehicle, i.e. able to do an emergency stop without thinking twice.

The timing of return to sport will also depend on the speed of recovery of your knee. You should not return to training activities until there is no further swelling within the joint and the leg feels comfortable. Your surgeon or your physiotherapist will be able to advise you on this. In general terms, competitive sports should be avoided for at least 1 month from surgery.

Finally, **DO NOT TAKE ON ANYTHING YOU KNOW THAT YOUR KNEE IS NOT STRONG ENOUGH TO TAKE.**

