

Your knee arthroscopy

at University Hospitals Dorset (UHD)

This leaflet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Website: www.uhd.nhs.uk

Introduction:

This booklet tells you about having a knee arthroscopy at University Hospitals Dorset (UHD). It is for patients who have decided to have surgery after discussing the options, benefits, and possible risks with their consultant's team.

We have developed this guide to help answer any questions you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide. There may be changes in your treatment made by your surgeon, anaesthetist, or therapist. These changes should take priority.

Educational information

What is this operation for?

A knee arthroscopy is commonly performed if you suffer from knee pain, swelling or an unstable knee. An x-ray or scan may have been used to confirm the source of your knee problem; however an arthroscopy may be needed to have a better look inside your knee joint. An arthroscopy can also be used to treat the cause of your knee problem by trimming or repairing any of the damaged areas.

This procedure aims to reduce your knee pain and improve your function, so that you can return to normal activities.

Understanding risk

Where we discuss risk with you we will use the following terms:

Term	Numerical Ratio	Equivalent
Very Common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very Rare	Less than 1/10,000	A person in a large town

Risks to this surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Your consultant will have discussed these risks with you prior to listing you for surgery.

Common

- Scars
- Stiffness
- Ongoing pain
- Need for more surgery (if this procedure fails to resolve your symptoms)
- Knee problems later in life (such as osteoarthritis)

Uncommon

- Infection
- Bleeding
- Deep Vein Thrombosis (a blood clot in the leg)
- Pulmonary Embolism (a blood clot in the lungs)
- Ongoing immobility

Rare

- Damage to nerves or blood vessels

Very Rare

- Amputation

Additionally there are risks associated with the anaesthetic used for the operation; your anaesthetist will discuss these with you.

Before your surgery

Pre-admission assessment

Once you have been listed for surgery by your consultant's team, you will need to have a pre-admission assessment to check if you are fit for surgery. The pre-admission department will contact you with the appointment information.

Your appointment with the pre-admission assessment team could last several hours. In the clinic you will have an assessment by one of the nurses.

When attending your pre-admission assessment appointment, please bring the following with you:

- a list of your prescribed medication including the dosages - a prescription printout is ideal
- a list of any herbal or over the counter medications you take
- a list of any allergies you have and the type of reaction
- a list of any past operations you have had (particularly if you have had these carried out in other NHS trusts or in the private sector)
- reading glasses (if required) as there will be important documents to complete and sign during the appointment.

Sometimes the findings of your pre-admission assessment will mean you need more tests or treatment before you are given a date for surgery. Examples of these can be scans of your heart such as echocardiogram (ECG), lung function testing, or iron infusions. The reasons these may be needed will be explained to you. Often these tests and treatments are carried out by other teams, so you may need to attend further appointments which can take time to arrange.

You will not be given a date for your surgery until you have had your pre-admission assessment and any additional tests. The staff carrying out these assessments will not be able to tell you when you will have your surgery. The admissions team will contact you with a date for your operation once they have been told you are fit for surgery.

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

Planning ahead

It is important to plan and make arrangements for how you will manage once home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find it difficult to walk to the shops initially. If you have family or friends who can stay with you or visit regularly this may make your recovery easier, both for helping with household tasks and moral support, particularly in the first two weeks.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

Weight management

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

What to do if you are unable to attend your appointment/surgery

If you are unable to attend your pre-assessment appointment or your surgery date, please contact us immediately so we can reschedule and offer this slot to someone else on the waiting list.

Arriving for your surgery

Day of surgery

Eating and drinking

If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs. Please follow the instructions given to you about when to stop eating and drinking before your operation.

If you have not followed the correct fasting instructions, your operation will be cancelled.

If you normally take prescribed medicines in the morning please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

Arrival

You will come into hospital on the same day as your operation. Your admission letter will tell you where to go and what time to arrive. Most knee arthroscopies are performed as day surgeries and will be able to go home on the day of the operation, however you may need to stay overnight depending on the time of your operation and your recovery.

When you arrive, a member of the nursing team will admit you. You will also be visited by the surgeon and anaesthetist before your operation. You will have the chance to ask any questions you may have. In preparation for theatre, you will be asked to put on a hospital gown and remove piercings, jewellery, and any other loose items such as glasses, false nails, and dentures.

Your surgery

Anaesthetic

A knee arthroscopy is performed under a general anaesthetic. This means you will be unconscious throughout the operation.

Surgical Procedure

Two small incisions are made in the skin on the front or sides of the knee for the arthroscope to go into. The arthroscope is a narrow tube with a light and a very small video camera. This allows the surgeon to look all around the joint and locate the problem. Through the second small incision another instrument can be introduced into the joint to allow the surgeon to carry out any treatment. This may include trimming or removing any loose fragments of tissue, bone or cartilage or taking a small sample of tissue from the joint for analysis.

Closure and dressing

Once the surgery is finished the small incisions will be closed with steri-strips or stitches and covered with a small dressing. A large wool and creep bandage will then be wrapped around the knee.

What happens after the operation? (while I am in hospital)

We hope that you will be able to go home on the same day as your procedure, however depending on your recovery and your home situation you may be required to stay overnight.

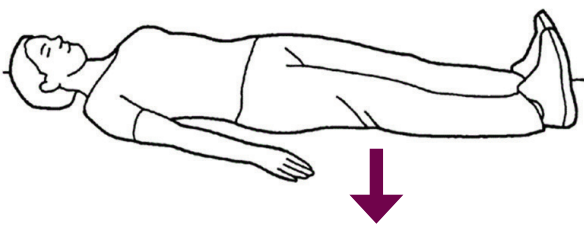
After your surgery

Physiotherapy

Following your operation you will be seen by a physiotherapist who will help you to get out of bed and walk for the first time. They will also discuss the exercises shown below with you. You should aim to do these exercises at least 4 times a day unless otherwise stated.

Exercise 1: Ankle pumps

When lying or sitting, bend and straighten your ankles briskly. Repeat this 10 times (each hour for the first day).



Exercise 2: Static Quads

Lie or sit with your legs straight out in front of you. Pull your toes towards you and push your knees down firmly against the bed. Repeat this 10 times.

Exercise 3: straight leg raise

Lie or sit with your legs straight out in front of you. Pull your toes towards you, keep the knee straight and slowly lift the leg a little way off the bed. Hold for three seconds then slowly lower the leg back down to the starting position.



Repeat up to three sets of 15 lifts or until your muscles get tired.



Exercise 4: Knee Flexion

Sit on a chair with your feet on the floor. Gently bend your knee as far as comfortable by sliding your foot back along the floor. Repeat this 10 times.

Exercise 5: Knee extension

Sit on a chair with your feet on the floor. Pull your toes up towards you, tighten your thigh muscle and straighten your knee. Hold for three seconds then slowly lower your leg back down to the floor. Repeat up to three sets of 15 lifts or until your muscles get tired.



Walking after your knee arthroscopy

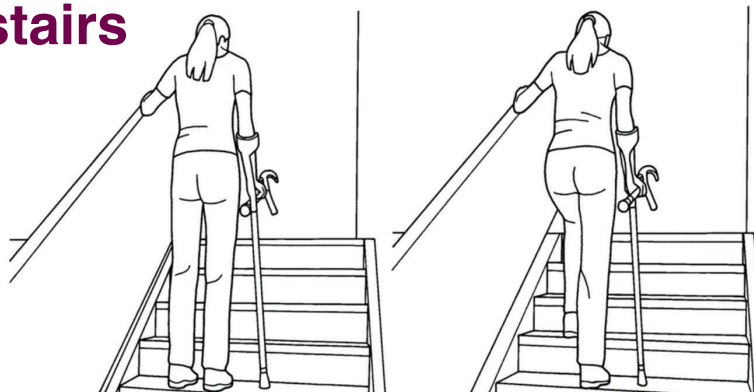
Not every patient will need a walking aid, however if you are in pain or feel unsteady then you will be provided with and shown how to use elbow crutches. If this is the case you can stop using them once your pain settles and you can walk comfortably. If you would like to use one elbow crutch then use it on the opposite side to your operated knee. Gradually increase the amount of walking you do, try to walk a little further each day.

Occasionally, depending on the procedure your surgeon may request you use elbow crutches after your operation for a specific length of time. If this is the case your physiotherapist will advise you, provide you with elbow crutches and show you how to use these.

How to go up and down stairs

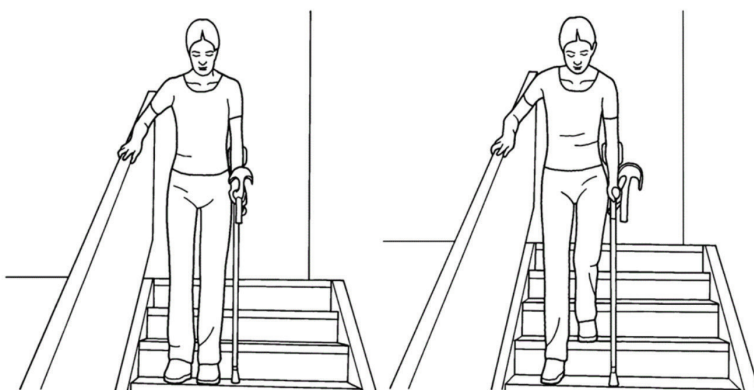
To go up a step or stairs

- Step up with your 'good' leg
- Then bring your operated leg onto the same step
- Lastly bring your crutch(es) onto the step



To go down a step or stairs

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the same step
- Lastly bring your 'good leg' onto the same step



What happens when I go home?

Rest, ice, elevation and exercise

It is important to establish a balance between the amount that you exercise and the amount that you rest. Doing too much may increase the swelling in your knee and can delay your recovery. We advise that you spend time each day resting the operated leg for the first 2 weeks. When resting your leg make sure your knee is straight and raised up on a stool or something similar.

To reduce swelling and pain you can apply an ice pack to your knee for up to 20 minutes every 2 hours. Make sure you have a cloth (such as a tea towel) between the ice pack and your skin. (Ice packs cannot be used until the wool and crepe bandages have been removed and make sure splash-proof dressings are covering your wounds).

It is important to regain the strength in your muscles, especially your quadriceps muscle on the front of your thigh. Therefore continue your exercises as pain allows, until your leg feels strong and it is moving easily.

Dressings

The wool and crepe bandages can normally be taken off 48 hours after your operation. You will have some small dressings under these, covering your wounds. You will be given spare dressings to go on top of any loose or blood stained dressings and some splash-proof dressings to protect these. It is important to keep the wound clean and dry. The nursing staff will advise you regarding having your wound checked and the removal of stitches. This will normally be 10 to 14 days following your operation and will be performed by the practice nurse at your GP surgery.

Clinic review

A follow-up appointment with your consultant's team will be made for you. You will receive details of this appointment following your discharge from hospital. The appointment is generally 6-8 weeks following your operation. At this appointment they will check your progress and answer any questions you may have.

Outpatient Physiotherapy

Following your knee arthroscopy you do not normally require outpatient physiotherapy. In some cases the surgeon will request outpatient physiotherapy. This is generally arranged for you at your nearest hospital but we will discuss this with you during your admission.

Return to activities

Only return to your usual activities when you feel ready and comfortable. You may have some discomfort and swelling in the joint and surrounding muscles. This is to be expected. Continue to take your painkillers as advised by the nursing staff. Rest, elevation and an ice pack will help.

Driving

It is important that you do not drive for at least 48 hours following your surgery. After this time it is then your decision when you feel able to resume driving. You must be comfortable enough to be in full control of the vehicle and able to act appropriately in an emergency situation i.e. perform an emergency stop safely. You should check your insurance policy too as you may need to inform your insurance company of your operation.

Work

Most people are able to return to work within two weeks of surgery. If you have a more manual job which includes lifting, bending, kneeling or carrying then you may need some extra time off. Please consult your GP if this is the case.

Sports/Hobbies

Most people should be able to return to their sports and hobbies following their arthroscopy. Start exercising when you feel able to and gradually increase the amount that you are doing. Increased pain and swelling are signs that you may be doing too much too soon, so reduce your activity levels and build it up again gradually once the symptoms have settled. You should slowly return to activities starting with activities such as cycling which put less weight through the knee. It is also good to get into the swimming pool once your wounds are fully healed but be careful with breast stroke initially. You should gradually be able to return to higher impact activities such as running as the pain settles. If you are unsure then wait until your clinic review.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation.

What should I bring with me to hospital?

What to take

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth switchboard:	01202 303626
Main orthopaedic ward:	0300 019 6223
Pre-assessment:	0300 019 4102
Admissions:	0300 019 4919

Additional Notes

Exercise Images courtesy of RG PhysioTools

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