

WHAT WILL IT BE LIKE AFTER?

You will wake up pain free with a bulky dressing round your knee. When you have recovered from your anaesthetic, you can get up, walking freely on your leg unless otherwise instructed. You may remove the bulky dressing 1-2 days after the operation and start exercising your knee. You will be given an instruction leaflet by our physiotherapist who will visit you both before and after surgery. The knee may still be fairly swollen, bruised and stiff early on, so you should keep it up when not walking or exercising. If it gets very swollen you should remove any constricting bandages and try ice placed indirectly in a towel on it for 10-15 minutes.

You will be seen in the SOC-Bristol outpatient clinic 10 -14 days after your operation for suture removal. Your knee will be re-examined. The findings of your arthroscopy will be discussed with you, and any further treatment that is necessary will be arranged. Physiotherapy is often prescribed at this stage, but many people do not need it and can exercise on their own. If no further treatment is required and your knee is healing well, you may be discharged from further follow-up at this appointment, or a further check-up may be arranged.

HOW SOON CAN I:

Walk?

You can walk immediately you have recovered from your anaesthetic. It may be quite sore for a few days and some people need crutches to take some of the weight off their knee at first. Almost everyone can walk fully weight-bearing within a week.

Go back to work?

If you are comfortable and your work is not too demanding, you could go back to work within a week. However, if you have a heavy manual job you may not be able to go back for two weeks to a month.

Drive?

You need to decide when you are safe to drive. A good indication of return of adequate function and safety is the ability to hop on the affected leg again (this is the "Hardy Hop Test"). Many can drive within a couple of days of the operation.

Play sport?

As you recover from your operation, you can gradually increase your activity, determined by comfort and the amount of swelling and flexibility in the knee. Start with walking and cycling, then light running.

WHAT ARE THE RISKS?

The more extensive and involved the procedure, the greater are the chances of pain, swelling, and bleeding. The commonest problem after knee arthroscopy is persistence of your symptoms. This is not surprising as it is often performed in patients with arthritis and while the surgeon cannot cure arthritis some relief is often achieved.

The cuts usually heal up quite quickly, but a few (less than 6%) discharge some fluid and take 2-3 weeks to heal. Usually dressing the wounds carefully is all that is required to get them to heal. You will know if you have an infection if the small cuts become red, hot swollen and tender. If this happens you should attend your General Practitioner, have the sutures removed early and go on antibiotics.

Post operative swelling in the knee may cause swelling under the bandage. This could cut off some of your circulation and lead to thrombosis. If it gets very swollen you should remove any constricting bandages and try ice placed indirectly in a towel on it for 10-15 minutes.

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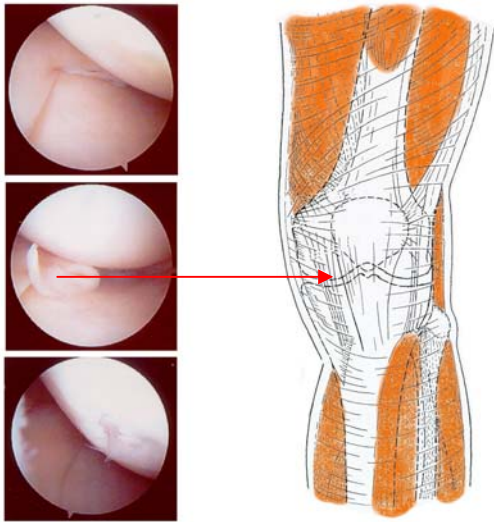
Knee Arthroscopy

KNEE ARTHROSCOPY

INTRODUCTION

Arthroscopy is an operation on a joint which is done by a "keyhole" technique. An instrument connected to a video camera is inserted into the joint to allow clear examination of the inside.

Most of the knee injuries we see are not caused by sporting activity but by a tear in an aging cartilage in the knee. The peak age for this seems to be between 35 and 45 years but it can happen at any age. The next commonest cause of a knee injury is sport.



If you had a tear of one of the cartilages in your knee you would notice well localised pain in the knee. Pain is not normal nor is it part of "aging". Pain from a cartilage tear is usually well localised. 70% are torn on the inner side of your knee and 30% on the outside of your knee. Apart from pain you may also

suffer giving way, locking or swelling. Swelling is a symptom of bleeding in more severe injury or if long term of arthritis. You may have tried up to 6 weeks of physiotherapy. A good physiotherapist will question the original diagnosis and ask a Consultant in Orthopaedics and Trauma to review you if your symptoms are suggestive of a meniscal tear or if you are not improving significantly over a six week period.

Your surgeon will take a history examine you and depending on your symptoms and signs organise investigations like an MRI. If it is thought you could have a meniscal tear then you will be offered arthroscopy of the knee. The types of knee disorders that can be diagnosed with arthroscopy include cartilage tears, ligament rupture, breaks in the joint surface, internal inflammation, abnormal tissue bands, detachments, loose fragments (loose bodies), and arthritis.



We can successfully treat conditions with arthroscopy. We are frequently able to remove damaged or diseased tissue before they cause irreversible damage. At SOC-Bristol we prefer to try to repair and reconstruct certain damaged tissues. If torn displaced cartilages are allowed to persist longer than 6 weeks then degenerate change takes place and subsequently arthritis.

WHAT IS INVOLVED?

The knee is first examined carefully with the leg relaxed. A temporary tourniquet is applied to the top of your thigh as you are going to sleep. In men the area around the knee is shaved by your surgeon who will then prepare the skin and drape the leg to reduce the risk of infection following surgery. Two small incisions are made either side of your patella tendon. Each cut is about 1cm long. Occasionally another cut is required or the incision may need to be lengthened according to the diagnosis. Through these cuts, the lens and instruments are inserted into the knee. Fluid is used to inflate the knee. The whole of the inside of the knee is examined and any necessary treatment carried out. The knee is then washed out and the cuts stitched with a single stitch each. Occasionally the surgeon will make a pictorial record of the state of your knee joint for future reference.

CAN IT BE DONE AS A DAY CASE?

If you are medically fit, have someone who can collect you and look after you after the operation, the operation can be done as a day case. However, if you have other medical problems such as diabetes, asthma or high blood pressure, you may have to be admitted the day before for tests and stay overnight after surgery. If you cannot be collected and looked after you must stay overnight to avoid complications.

WILL I HAVE TO GO TO SLEEP (GENERAL ANAESTHETIC)?

The operation will usually be done under general anaesthetic (asleep) but occasionally can be done under spinal anaesthetic. Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your ankle while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets after the operation if you need them.