

Patient information factsheet

Knee arthroscopy advice sheet

During an arthroscopy, a camera is inserted into the knee through two or three small puncture wounds. It allows the surgeon to look at the joint surfaces, cartilage and the main ligaments of the knee. The operation is usually carried out under a general anaesthetic.

Why it is done?

As well as allowing the surgeon to see the problem, some procedures can be performed.

- Repair or removal of torn cartilages. These are shock absorbers of the knee and are commonly damaged as a result of sports injury or simply 'wearing out'.
- Damage to the knee cap and the joint surfaces can be trimmed or shaved.
- Small holes (micro-fractures) can be made in the bone to stimulate new cartilage growth.
- Removal of loose bodies such as bone, cartilage or debris from the joint.
- If inflammation is present, samples from the lining of the joint can be taken.

How it is performed?

The skin around the knee is cleaned and sterilised. Two or three cuts are made at the front of the knee; one for inserting the camera and the others for instruments. Sometimes additional incisions are necessary. Fluid is inserted into the knee to allow the surgeon to see inside the joint and surgery carried out. The incisions are then closed with small sticky dressings (steristrips) or stitches and the knee is padded and bandaged.

Once you have recovered from the anaesthetic, you will be able to get up and a physiotherapist will see you to explain some exercises and check you are walking safely.

Dressings

You can remove the outer-crepe bandage and cotton wool yourself at home 24 hours after surgery. If the small dressings are clean and stuck in place leave them intact. However, if they are soiled or peeling off, replace with the clean dressings supplied to you on the ward. Then place tubigrip from your toe to your hip.

After 10 days remove the tubigrip and soak off the dressing and steristrips, but do not re-dress the wound.

If you are at all worried, concerned or unhappy with doing dressing care yourself please make an appointment with your practice nurse at your GP surgery.

If you have stitches, make an appointment with your practice nurse to have them removed ten days after the operation.

After the operation

The knee may ache and swell following surgery and you will probably need to take some painkillers such as ibuprofen or paracetamol until this settles. Recovery from the operation is extremely variable and depends on many factors. Although your hospital stay is short, your recovery takes time. Although the incisions are small, the work done inside the knee itself may be complex and prolonged, causing inflammation and swelling.

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There is often a leakage of clear fluid from the knee through the incisions in the first few days until the wound is healed. This can take several days to settle.

Physiotherapy

It is important to follow the instructions and exercises given to you in hospital by the physiotherapist. If you need to continue physiotherapy as an outpatient for a specific problem, this will be discussed with you at the time. You may need to use crutches to help you walk; you can gradually stop using these when the pain and swelling reduce. Ice packs such as a bag of frozen peas wrapped in a tea towel will help to reduce swelling and can be applied, if needed, every hour for 15-20 minutes.

Work

The majority of patients should be walking without too much pain and able to do normal daily activities and sedentary (office-type) work within one to two weeks. If your job is more physical and involves climbing, squatting or lots of stairs, you will probably need two weeks off to recover. The small incisions may well be tender and lumpy and your knee may swell after activity for up to three months. You will be issued with an off-work certificate for seven days before you leave hospital. If you need a certificate for longer you should consult your GP.

Driving

Driving is possible after five to seven days when your knee is feeling comfortable. Make sure you can bend and straighten your knee without excessive pain. Check that you can perform an emergency stop safely. You should check with your car insurance company or your physiotherapist if you are concerned.

Sport

Strenuous physical activity can be resumed when your knee is feeling strong and comfortable and no longer swollen. This is usually after two or three weeks. It is advisable to gradually increase your level of activity to see how your knee copes. It will usually take six weeks before returning to competitive sport such as running, skiing, racquet and contact sports. Make sure you can hop, squat and sprint with changes of direction and make sudden stops and starts without pain.

Complications

Although uncommon, complications can occur following your surgery. These include:

- excessive bleeding from the wounds or soaking the dressing after the operation
- excessive swelling
- deep vein thrombosis (a clot in the lower leg veins)
- infection
- fluid leakage from the incisions after seven days.

If you are concerned in anyway, please contact the nursing staff on the ward or your own GP for advice. If you develop a fever, severe pain or significant wound problems, you will need to see someone as soon as possible

Exercises following a knee arthroscopy

Try to complete the exercises at least three times daily.

Keep your leg elevated (up) to decrease swelling.

Apply ice, wrapped in a pillowcase or tea towel, to your knee for ten minutes every hour.



1. Lie on your back, bend and straighten your leg, sliding your heel towards your bottom.

Repeat 15 times.



2. Lie on your back, pull your toes towards you and brace your knees down firmly against the bed.

Hold for ten seconds and repeat 20 times.



3. Lie on your back with a rolled up blanket underneath your knee.

Push your knee down into the blanket and lift your heel off the bed. Hold for ten seconds and repeat 15 times.



4. Sit and bend your knee as much as possible and then straighten it.

Repeat 15 times.



5. Lie on your back and pull your toes towards you, tighten the muscles on the front of your thigh to straighten your knee. Lift the leg off the bed by approximately 20 cm.

Repeat ten times.



6. Sit down, resting your foot on a coffee table so the knee is unsupported. Let your leg straighten as much as possible.

Rest in this position for five minutes.



7. Stand holding onto a supportive surface then bend one knee and take hold of your ankle.

Draw your heel towards your buttock and push your hip forwards so that your knee points to the floor. Feel the stretch in the front of your thigh.

Hold for 30 seconds and repeat three times.

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8. Lie on your back with your leg up and keep your knee as straight as possible until you feel a stretch in the back of your leg.

Maintain this position by supporting your leg with your hands behind your thigh.

Hold for 30 seconds and repeat three times.



9. Stand up holding onto a supportive surface, then stretch one leg behind you, keeping your knee straight and your foot flat on the floor.

Gently lean forwards until you feel a stretch in your calf muscle.

Hold for 30 seconds and repeat three times.

Progress to these strengthening exercises once your pain and swelling have settled.



10. Sit on a chair, pull your toes up, tighten your thigh muscle and straighten your knee.

Hold for ten seconds then relax your leg back down. Repeat ten times.



11. Step up ten times with one leg leading and then repeat with the other leg leading.



12. Stand holding onto a supportive surface then bend your knee, bringing your foot up towards your bottom.

Hold for 10 seconds and repeat ten times.

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13. Sit with your arms crossed. Stand up and then sit down slowly on a chair. This can be made easier and harder by changing the height of the chair.

Repeat ten times.



14. Stand next to a supportive surface and try to maintain your balance on one leg.

Hold for 30 seconds.

Further information

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.