

Arthroscopy of the knee

INTRODUCTION

This pamphlet is designed to provide information to you regarding forthcoming arthroscopic examination of the knee. An emphasis will be placed on what you should expect after this type of surgery. Should any of the points made in this pamphlet be not perfectly clear to you prior to the surgery you should contact the practice secretary in order to speak to the doctor concerned. An opportunity will generally be available prior to the surgery to provide further information if necessary.

ARTHROSCOPY

Arthroscopy of the knee was pioneered in Japan in the 1950's but has only become commonplace in Australia since the early 1980's. During arthroscopic surgery the knee is inflated with fluid and a small telescope is introduced into the knee via a small 0.75cm hole. A fiberoptic light source lights up the inside of the knee and the image is transmitted to a TV monitor via a small video camera attached to the end of the telescope. Two separate portals of the same size are then made. The purpose of the fluid is to hold the knee "open" so that an inspection can be made within the joint and any surgery performed as necessary. Between 1 and 2 litres of fluid is generally passed through the joint during the operation. A fine probe and various handheld and motorised instruments are passed through one of the portals in the knee in order to facilitate the surgery.

WHERE

The arthroscopic examination of your knee will be conducted either as an inpatient or as a day case. By and large the decision as to whether you are suitable as a day case patient will depend a lot on your general medical condition and suitability for day case anaesthesia. Some patients are excluded from day case procedures because of their age or because of complicated medical conditions. This will be discussed with you at the time of booking the operation.

HOW

An anaesthetist will decide the most appropriate anaesthetic for you depending on your age and general medical condition. This may include a conventional anaesthetic using some of the newer anaesthetic drugs, or may involve a "spinal" where you are allowed to remain awake, though your leg and lower body is anaesthetised. Information regarding time of presentation and pre-operative preparation will be given to you by the secretary. You will be required to stay overnight in hospital if you are not a "day case" and discharged early the following morning. If you are having your surgery as a day case you will remain in the recovery area for approximately 4 hours.

AFTERWARDS

It is quite normal after the surgery to have a swelling in the knee which will gradually leave the knee after a three to four day period. The swelling is largely due to the fluid that is used to distend the knee during the procedure. There are also likely to be "lumps" under the portal holes which will disappear over three weeks or so. These are normal. It is also quite normal to have some pain in the knee, though this should largely be controlled by elevation of the leg on a pillow, by rest and by using the medication which is prescribed for you. Generally, it is possible to walk on the knee immediately and it is important for you to return to your full activities as soon as possible. On occasions though certain procedures are

performed in the knee which will not allow you to weight bear. This is particularly the case if a cartilage has to be repaired with sutures or if further ligament surgery is performed. This will be discussed with you after the operation. Most people are quite comfortable five days after the surgery and many can return to work at that time, and to sport at three weeks after the surgery.

COMPLICATIONS

On occasions a complication is encountered in the post-operative period.

- **Bleeding**

Some excessive bleeding may occur. The bleeding may not be evident since it may occur within the knee itself. If the pain in the knee is excessive and is not controlled by rest, elevation of the leg and the analgesics that have been prescribed for you, then you should contact the secretary in order to discuss the situation with your doctor. If, for any reason, your doctor is not contactable you will be referred to another surgeon by way of the answering machine. On rare occasions it is necessary to admit a patient to hospital for a 24 hour period, perhaps even re-operating on the knee in order to "wash-out" the joint.

- **Infection**

It is also very important after any surgery, but particularly after joint surgery, to be aware of infection. If there is any suspicion of this you must contact your surgeon since early intervention gives the best result.

- **Blood Clot**

It is also vital to contact your surgeon if there is any post-operative calf or chest pain or pain with breathing. This may herald a blood clot which needs urgent intervention.

POST-OPERATION VISIT

You will be requested to return to these rooms about ten days after the surgery when the findings of the surgery will be discussed with you and you will be started on a fairly intensive rehabilitation programme. You should not return to sport until the knee is rehabilitated with strong musculature.

GENERAL

In general terms, an arthroscopic examination of the knee is a safe procedure, though it must be remembered, nevertheless, that it is an operation on a major joint conducted under general anaesthetic. The procedure is consequently associated with the usual risks that one would expect with surgery. There are many causes of knee pain and the amount of surgery performed and the time taken for the surgery will influence your recovery. There is also a great variation in recovery time from patient to patient. It is, therefore, not reasonable to expect that you will recover from your operation as quickly as the highly publicised sports star. It is possible, of course, that you will. Since all arthroscopies are not the same, it is counter-productive to think that because someone else recovered more quickly than you, that your recovery will not likewise be complete. With some knee conditions, especially arthritis, the arthroscopic examination may be the prelude to more extensive surgery.