

Knee Arthroscopy

An arthroscopy is a keyhole operation on the knee, during which knee problems can be usually treated, and in rare instances is used for diagnosis. Your Health Care Practitioner will explain the reasons for doing your operation and will also discuss the alternatives.

The Main Reasons Why a Knee Arthroscopy is Considered:

- 1) For meniscal or cartilage tears excisions (often referred to as meniscectomy), meniscal repairs after an acute trauma** with persistent mechanical symptoms of pain, locking and/or giving way of the knee
- 2) For meniscal or cartilage tear excisions when there is no history of trauma, but presents with persistent mechanical symptoms of pain, locking or giving way of the knee.** This is only explored when all appropriate conservative measures such as rest, rehabilitation, and cortisone injections have been completed for a period of at least 3 months.

Keyhole or arthroscopic wash out procedures have been shown to be ineffective when compared to other conservative measures in knee osteoarthritis such as appropriate rehabilitation.

An arthroscopy is almost always performed under a general anaesthetic, which means you would be asleep. Sometimes it is performed using a spinal anaesthetic, which makes your legs numb. You will have two small incisions made (0.5 – 1 cm long) just below the knee cap. Any problems identified within your knee will either be dealt with there and then (such as cartilage tears) or will be recorded so that they can be discussed with you after the operation. The operation usually takes 30 – 60 minutes to perform.

Most arthroscopies are performed as a day case; which means that you will go home the same day. You must not drive or operate machinery for at least 24 hours after the operation. Someone must be at home to look after you for the first 24 hours. You will be seen again 2 – 4 weeks after discharge to discuss the operation and assess your progress. This may be in your surgeon's clinic or at the dedicated arthroscopy follow up clinic; which is staffed by trained physiotherapists. Additionally an out-patient course of physiotherapy is can be arranged prior to discharge.

Anaesthetic

If you have previously had problems with anaesthetic, make sure you discuss this at your pre-operative appointment.

Bleeding

It is not unusual for a little bleeding to occur into the bandage. If you have larger amounts of bleeding that is making your knee swollen and painful, make sure you consult a nurse.

Infection

The wound can ooze after the operation, which usually settles without problems. Occasionally they develop a minor infection becoming red and this can continue with discharge. Treatment can be completed by a nurse who will dress the wound and your GP can provide you with antibiotics.

A deep infection in the knee happens in less than 1 in 1000 operations, but can be difficult to treat, leaving the knee stiff and uncomfortable. Make sure you consult your doctor about this.

Deep Vein Thrombosis (DVT)

This can occur to anyone having lower limb surgery. The risk is greater if you have had one before or are on the oral contraceptive pill/hormone replacement therapy. Talk to your doctor about stopping this before your operation. Treatment usually involves taking an anticoagulant (to make the blood clot less easily) for a 3 month period.

The expected outcome of your operation will be discussed with you before the surgery. Patients who have a definite cartilage injury and no other problems should return to normal. If there are any degenerative changes in the knee (osteoarthritis) then there is usually an improvement in symptoms but some may persist.