OS03 Arthroscopy of the Knee

What is an arthroscopy of the knee?
An arthroscopy (also called ‘keyhole’ surgery) allows your surgeon to see inside your knee using a camera inserted through small cuts in the skin. Your surgeon can diagnose problems such as a torn cartilage (meniscus), ligament damage and arthritis (see figure 1). They may be able to treat some of these problems using special surgical instruments, without making a larger cut.

What are the benefits of surgery?
The main benefit of surgery is to confirm exactly what the problem is and in many cases to treat the problem at the same time. The benefit of keyhole surgery is less pain afterwards, and in some cases a quicker recovery.

Are there any alternatives to surgery?
Problems inside the knee can often be diagnosed using a magnetic scan (MRI scan). However, you may then need an arthroscopy to treat the problem. Your surgeon will discuss with you if you need a scan before the arthroscopy.

What will happen if I decide not to have the operation?
A torn cartilage does not usually heal without treatment, although sometimes your knee will become less troublesome after a course of physiotherapy. If you have a torn cartilage, the tear can occasionally move out of place and cause your knee to lock. If your knee does not unlock again on its own, you will need an urgent arthroscopy.

Your surgeon has recommended an arthroscopy of the knee. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.
What does the operation involve?
A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you. The operation usually takes between half an hour and three-quarters of an hour.
Under the anaesthetic, your surgeon will examine the various knee ligaments while your muscles are completely relaxed. They will insert a special camera through one or more small cuts on the front or side of your knee (see figure 2).

What should I do about my medication?
You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes
If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
For help and advice on stopping smoking, go to www.gosmokefree.co.uk.
You have a higher chance of developing complications if you are overweight.
For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise
Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.
For information on how exercise can help you, go to www.eidoactive.co.uk.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
**What complications can happen?**

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

1. **Complications of anaesthesia**
2. **General complications of any operation**
3. **Specific complications of this operation**

### 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### 2 General complications of any operation

- **Pain**, which happens with every operation. Your surgeon may inject painkillers into your knee to help reduce the pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. If you get a lot of blood in your knee afterwards (called a haemarthrosis), it will be swollen and painful (risk: 1 in 100). You may need another operation to wash the blood out.
- **Infection in the surgical wound**, which usually settles with antibiotics but may occasionally need another operation.
- **Unsightly scarring** of the skin, although arthroscopy scars are usually small and neat.
- **Blood clots** in the legs (deep-vein thrombosis) (risk: 1 in 650), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe (risk: 1 in 3,000). You may be given treatment to reduce the risk of blood clots.

### 3 Specific complications of this operation

- **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two.

### How soon will I recover?

- **In hospital**

  After the operation you will be transferred to the recovery area and then to the ward. You will usually be able to get up as soon as you have recovered from the anaesthetic. You may need crutches to start with. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.
- Returning to normal activities

Your surgeon and physiotherapist will tell you when you can return to normal activities, depending on the extent of surgery. You will have a bandage on your knee which you should leave in place for two to three days. It is common for the knee to be a little swollen for a few weeks. You will be told if you need to have any stitches removed.

Your surgeon and physiotherapist will tell you how much weight you can take through your knee and if you need to use crutches. Walking can be uncomfortable and you may need to take painkillers to help relieve your pain. Your physiotherapist will show you some exercises to help you to move around and to improve your muscle strength. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

- The future

Most people make a good recovery and can return to normal activities. However, further cartilage tears occasionally happen. There is also a small risk of developing arthritis of the knee if you have a large piece of torn cartilage removed.

If your surgeon finds a ligament injury, they will let you know if you need further surgery.

Summary

An arthroscopy allows your surgeon to diagnose and treat some common problems affecting the knee, without the need for a large cut in the skin. This may reduce the amount of pain you feel and speed up your recovery after surgery. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- Internet Society of Orthopaedic Surgery and Trauma at www.orthogate.org
- American Academy of Orthopaedic Surgeons at www.aaos.org
- Reflex Sympathetic Dystrophy and Complex Regional Pain Syndrome UK at www.rsd-crps.co.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Acknowledgements

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Local information

You can get information locally from the Patient Advice and Liaison Service (PALS) on 02380 798 498 or email PALS@suht.swest.nhs.uk. You can also contact:

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