

## 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.

The Health Care Practitioner or the surgeon will explain the reasons for doing your operation and will also discuss the alternatives.

The main reasons why a knee arthroscopy is considered:

- 1) Meniscal or cartilage tears excision (often referred as meniscectomy) or Meniscal repair after an acute trauma with persistent mechanical symptoms of pain, locking or giving way of the knee
- 2) Meniscal or cartilage tears excision when there is no history of trauma with persistent mechanical symptoms of pain, locking or giving way of the knee, where all appropriate conservative measures such as rest, physiotherapy, cortisone injection have been done for a period of at least 3 months.
- 3) Ligament repair such as the ACL or PCL.

Keyhole or Arthroscopic wash out procedure has shown to be not effective when compared to other conservative measures in Knee Osteoarthritis.

Arthroscopy is almost always performed under a general anesthetic, which means you would be asleep. Sometimes it is performed using a spinal anesthetic, which makes the legs numb. You will have two small incisions made (0.5 – 1 cm long) just below the knee cap on either side. 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. Where possible any injury is repaired, but where this is not possible and the damaged tissue has to be removed. The operation usually takes 30 – 60 minutes to perform.

Most arthroscopies are performed as a day case, which means that you will go home later 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 therefore 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 sometimes arranged prior to discharge.

Arthroscopy is a safe operation that is highly unlikely to damage your knee further or lead to any long-term problems.

### Anesthetic

Rarely problems can occur related to your general health and the anesthetic. The majority of potential problems will be picked up at the pre-assessment clinic. Your anesthetist will be able to discuss this further with you.

### **Bleeding**

It is not unusual for a little bleeding to occur into the bandage and this should not cause concern. Rarely more severe bleeding occurs into the knee making it very swollen and painful.

### **Infection**

The wounds can ooze after the operation, which usually settles without problems. Occasionally they develop a minor infection becoming red or continuing with discharge. Treatment is with dressings and 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.

### **Deep vein thrombosis**

This can occur to anyone under going lower limb surgery. The risk is greater if you have had one before or are on the oral contraceptive pill/hormone replacement therapy (which should be stopped 6 weeks before operation). They rarely cause direct problems, but can potentially be serious because of the risk of spread to the lungs (pulmonary embolism). Treatment usually involves taking warfarin (to make the blood clot less easily) for a 3 month period.

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