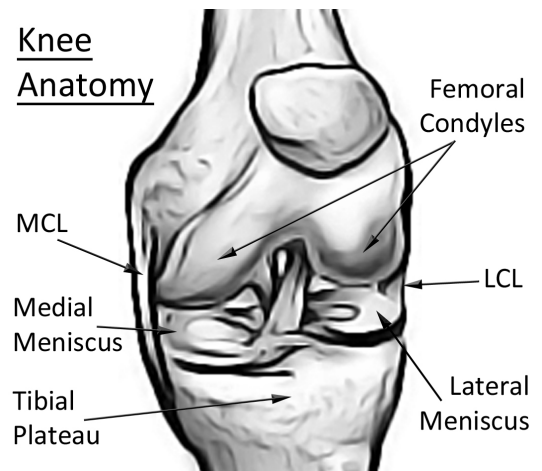


PRE-OPERATIVE KNEE ARTHROSCOPY INFORMATION

Knee arthroscopy is keyhole surgery to the knee, using 2 or more small incisions, usually less than 1cm long at the front of the knee. A wide range of knee problems can be managed with knee arthroscopy. Knee arthroscopy manages meniscal tears in younger patients most effectively and end-stage osteoarthritis in older patients least effectively. The information presented here is intended to be read in conjunction with the Knee Arthroscopy Guide For Patients, produced by the Australian Orthopaedic Association. A copy of this should be given to you at your pre-operative appointment.



WHAT TO EXPECT

Most knee arthroscopy is performed as day surgery, meaning you do not stay in hospital overnight. You will usually be asked to come into hospital an hour or two before the scheduled surgery time, having fasted (had nothing to eat) for at least six hours (and preferably longer). You should bring a set of crutches with you to the hospital – these can be hired from a pharmacy if required. You will be seen by the operating theatre nursing staff and the anaesthetist, and I will see you to confirm the surgery with you and mark the correct side. The surgery itself takes about half an hour, but as time is also taken up with the anaesthetic and with waking up, it is common to be in surgery for an hour or more.

FOLLOWING KNEE ARTHROSCOPY

Following the surgery you will be told what was found and what was done. Your knee will be bandaged, but should feel comfortable. You will

need someone to take you home. You cannot go home in a taxi. A responsible adult must stay with you overnight on the night following surgery. Prior to leaving the hospital you will be given an information sheet with instructions and exercises for your knee – please take the time to read this information and do the exercises as instructed when you get home. For the first two days you should leave the bandage on, keep the knee dry, and rest as much as possible.

WEIGHTBEARING

It is safe and appropriate for most people to fully weightbear through the knee immediately after surgery, using crutches for support. Occasionally, due to procedures performed during the arthroscopy, you will be asked to restrict your weightbearing or activity following knee arthroscopy. In such situations you will be given clear instructions before you leave the hospital.

SHOWERING

One to two days following surgery you can take the bandage off. Underneath the bandage there will be a waterproof dressing. This is appropriate for light showering, but not for soaking in a bath or for swimming. Leave this dressing intact for the first two weeks following your surgery.

SWELLING

Do not be alarmed by moderate swelling in the knee. It is not uncommon to have some swelling even a few weeks following knee arthroscopy. Use ice to help with swelling, especially if there is pain associated with it.

DRIVING

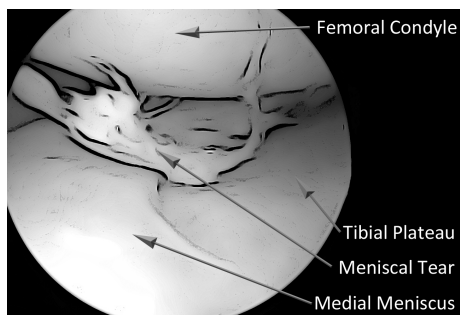
You can drive when you can walk comfortably without crutches; this may be after a few days or may be a week or two following your surgery.

WORKING

If you have a desk job you can return to work when you are comfortable; usually this is after a few days, and being able to drive is often the limiting factor. If you have a manual job, or spend most of the day on your feet, it is recommended that you take two weeks off work following knee arthroscopy.

POST-OPERATIVE REVIEW

You will be reviewed at about two weeks following your surgery to review the wounds and your post-operative progress, and to discuss the findings of your surgery. You should make this appointment prior to, or immediately after, your surgery. Most people are seen again one or two months later depending on the surgery performed and the early post-operative progress.



POSSIBLE COMPLICATIONS OF KNEE ARTHROSCOPY

The vast majority of people have successful knee arthroscopy surgery and a good outcome. Serious complications following knee arthroscopy are very uncommon. Even though complications rarely occur, you should consider the following prior to having knee arthroscopy surgery. Complications in addition to those listed here can also occur.

INFECTION is possible whenever the skin is cut, but the risk of infection following knee arthroscopy is very rare. If, however, the knee becomes infected following knee arthroscopy, further surgery – usually a repeat arthroscopy, but possibly a bigger operation – may be required. If the knee becomes infected there is a possibility it may never completely recover.

BLEEDING is possible whenever the skin is cut, although it very rarely causes any problems following knee arthroscopy. Occasionally further surgery – usually a repeat arthroscopy – is required to wash the blood out of the knee. Bleeding into the knee can result in knee stiffness.

BLOOD CLOTS can form in the legs or the lungs following any surgery, but are extremely uncommon after knee arthroscopy. Nonetheless, if you experience calf pain and swelling, or acute shortness of breath, even several weeks after your arthroscopy, you should attend an emergency department immediately and be investigated for a possible blood clot. A clot in the lung can be fatal. For most people, the risk of getting a clot after knee arthroscopy is considerably lower than the risk of taking medication to prevent a clot.

WOUND PROBLEMS can occur following any surgery. A buried (dissolving) stitch and waterproof dressings are used, but problems can still occur.

PERSISTENT SYMPTOMS can occur after knee arthroscopy, especially if it is performed for management of severe osteoarthritis. Occasionally damage within the knee is more than was anticipated on pre-operative examination and imaging, and the symptoms may unexpectedly persist after surgery.