

Knee joint arthroscopy



Information for patients

This booklet answers some of the questions you may have about having a knee joint arthroscopy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any other questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is an arthroscopy?

It is a type of keyhole surgery in which we put a small, thin telescope, called an arthroscope, through a small cut in your skin, to look inside your knee joint. This allows us to see whether there is any damage. During the procedure we may be able to treat the problem using small surgical instruments that are also put into your knee through small cuts.

In some cases your surgeon may do a microfracture procedure. They will make very small holes on the surface of the damaged joint, to encourage new cartilage to grow.

Why do I need surgery?

You have an arthroscopy for one of the following reasons:

- to help us find out what is causing pain in your knee
- to assess the damage that may have happened after a knee injury or has been caused by osteoarthritis
- to remove a damaged or loose part of your knee joint, such as cartilage. If we need to do this, we may make some extra small cuts through which we will pass very thin surgical instruments. Sometimes we cannot do the surgery using an arthroscope and need to make a larger cut.

What are the benefits?

- It helps diagnose of the cause of your knee pain.
- It improves your knee pain.
- It improves how well you can move and use your knee and allows you to return to normal activities.

What are the risks?

Common side effects which will ease over the first week after surgery include:



- **Bleeding:** you often get some bruising in your calf and sometimes around your knee. This is normal and takes about 10 – 14 days to settle.
- **Pain:** your wounds will be a little tender and thickened for a few weeks and this may make kneeling uncomfortable. We will try to make sure you are comfortable before you go home. Take the painkillers we give you regularly and keep mobile, which will be explained by your nurse.
- **Fluid:** a small amount of fluid will collect in your knee for up to two – three weeks after your operation, but it may last longer in some patients. This will gradually go away. Doing too much exercise will make it worse.

Less common but more serious risks include:

- **Infection:** this is a risk after any operation but it is not common after this type of surgery. Symptoms to look out for include:
 - increasing pain under your wound and around it
 - increasing redness in the area around your wound
 - a foul-smelling discharge from your wound
 - a temperature of 38° C (100.4° F) or more.

If you think your wound has become infected, please contact your GP (home doctor) straight away. You may need antibiotics and may be referred back to the hospital to have your knee washed out.

Rare risks:

- **Deep vein thrombosis (DVT):** this is where a blood clot forms in one of the main blood vessels in your leg. This is very rare. Gentle walking after your surgery will help to prevent it.
- **Nerve and vessel damage:** this is a very rare complication, but any operation around a joint like the knee does carry a small risk of nerve or vessel damage. If this happens – for example, you may have some numbness caused by a nerve being stretched during your surgery – it may settle over time. Very occasionally you may



need surgery, for example, to repair a damaged blood vessel. You may have a small numb area, about the size of a 50p coin around one of the small cuts. This is uncommon, but permanent.

- **Compartment syndrome:** an extremely rare complication, which causes swelling and increasing pain in your operated shin and/or calf. If this happens, you may need more surgery.

Your anaesthetist will discuss with you the most appropriate type of anaesthetic for this operation and any associated risks.

Are there any alternatives?

- You can take painkillers, such as anti-inflammatory tablets, to control your pain, but these will not cure your problem.
- You can have physiotherapy to improve your symptoms.
- You can have an injection in your knee joint to help improve your symptoms.

Who can I contact with queries and concerns?

Please contact a member of your consultant's team for more information.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Do I need to prepare for surgery?

Before your operation you will have a pre-assessment appointment with one of our nurses. They will carry out some screening tests which may include blood tests, MRSA swabs and an



electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

You will be given information such as:

- when to stop eating and drinking in the hours before your operation
- whether you should stop taking your usual medications before going into hospital
- what to bring with you into hospital.

What happens before surgery?

We usually give you a general anaesthetic for this procedure, as well as a local anaesthetic in your knee, to help keep you comfortable when you wake up.

What happens during surgery?

Your surgeon will make two or three small cuts ('stab incisions') over the front of your knee so they can put in the arthroscope and instruments. They can then put in a probe to help them assess your knee structures before undertaking any surgical treatment.

How long does surgery take?

This depends on the condition of your knee, but on average it takes 30 – 60 minutes.

What happens after surgery?

As you had a general anaesthetic you will go back to the ward for at least one hour because you will feel drowsy and need time to recover.

You will also need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.



You will be able to leave the hospital on the same day once you have been checked by the physiotherapist and can walk properly. Most patients can walk more comfortably the next day.

Caring for your wounds

Your wounds will be closed either with a single stitch to each cut or a special tape called steri-strip. These are covered with some gauze and then bandaged. You should leave the dressing on until your follow-up appointment, unless told otherwise by your surgeon. We will give you more detailed information before you leave.

If your bandage becomes very loose or unwrapped, you will need to put it back on. Roll it up and then put it on your knee again, making sure you do not wrap it too tightly as this may restrict the blood flow to your foot and be uncomfortable.

If you have stitches they are usually ones that will dissolve and do not need to be taken out. We will tell you before you leave if they do need to be taken out. They need to be removed by your GP or practice nurse.

Getting back to normal

Unless you have a strenuous job, you should be able to go back to work within a week. Do not do too much physical activity for two – three weeks.

For the first 24-48 hours after you go home, try to get up and walk about the house every two hours, to help keep your blood circulating normally. If you have any pain or discomfort, you can take the painkillers we will give you to take home.

After the second day you should start walking around at home for longer. Depending on how confident and comfortable you feel about using crutches, you can also start to take short walks outside.



The important thing is to pace yourself and to avoid sitting for long periods of time.

Do not run or play sports until you are fully recovered.

You are safe to drive when you can do an emergency stop safely. This is more of a problem if your right knee is operated on because you use your right foot to operate the brake. As a general rule, you are not safe to drive until you can hop on your right foot without pain.

If you had a microfracture procedure during your arthroscopy, you will take longer to recover and will not be able to go back to work as quickly. You will also usually need to use crutches for up to six weeks because you may not be able to put your full weight on your operated leg at first. Your consultant will advise you how long you need to use crutches, and when you can start doing your normal activities again and go back to work.

Will I need to come back to hospital?

If your surgeon needs to see you again, we will write to you with a new appointment.

Valuables

Where possible, please do not bring anything of value into hospital with you as we do not have the facilities to lock your valuables away. Our staff will treat your possessions with care, but the Trust cannot accept liability for the loss of personal items.



Care provided by students

We provide clinical training where our students get practical experience by assisting with the treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

Corporate Comms: 0973

PL116.3 February 2017

Review date February 2020



KING'S HEALTH PARTNERS