

Having a knee arthroscopy

Your specialist has recommended that you have an arthroscopy and this leaflet provides some information about the procedure. If it doesn't answer all your questions or if you have any worries, please do not hesitate to ask your specialist or nurse for more information. If you have any specific questions, it may be a good idea to write them down before you come into hospital. It is natural to feel a bit nervous about having any medical procedure, but often knowing what to expect can help.

What is arthroscopy?

Arthroscopy is a "keyhole" operation that is most commonly used to look inside and treat the knee joint. It is most often performed as a day case. An arthroscopy can last from 30 minutes to over an hour, depending on how much work the surgeon needs to do inside the joint.

Anaesthetic

Arthroscopy is usually performed under a general anaesthetic. This means you will be asleep throughout the procedure and will feel no pain. For more details on general anaesthesia, please see a separate leaflet.

About the operation

A small incision (around 5mm long) is made in the skin around the joint that's being treated. Sterile fluid is pumped inside to help produce a clearer picture of the inside of the joint. Another small incision is made for the arthroscope, which is about the thickness of a ballpoint pen. The surgeon will then view and probe the joint, looking directly through the scope or at pictures it sends to a video monitor. If necessary, other instruments can be inserted to repair damage or remove material that interferes with movement or causes pain. The fluid is drained out of the joint at the end of the procedure.

Preparing for your operation

Once at the hospital, you may be asked about your medical history and any previous experience of hospital treatment. Your answers will help them in planning your care whilst you are in hospital.

Before you come into hospital for your arthroscopy, you will also be asked to:

- have a bath or shower on the day of your admission
- remove any make-up, nail varnish and jewellery. Rings and earrings that you cannot remove can usually be covered with adhesive tape
- go without food for six hours before the operation. You can usually take sips of water until two hours before. More specific advice will be given in your admission confirmation letter

When you arrive at the hospital, a nurse will explain how you will be cared for before, during and after your operation. The surgeon and anaesthetist will also visit you.

The leg to be operated on will be marked. This is a good time to ask any outstanding questions about your treatment.

Consent

You will be given a consent form to sign. By doing this, you confirm that you understand what will happen during the operation, and give your permission for it to go ahead.

Many patients feel uncomfortable with the idea that a procedure may involve risks, but to make an informed choice, you need to know about the possible risks before you give consent.

What are the risks?

Arthroscopy is generally a safe surgical procedure. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, all surgery does carry some element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly mild and temporary effects of a successful treatment. Examples of short-lived side-effects include feeling sick as a result of the general anaesthetic. There is also likely to be some pain and stiffness around the joint, which may last for several weeks. This can make moving around quite uncomfortable to begin with.

Complications

These are rarer than most side effects and most patients will not experience problems. The main possible complications of surgery are bleeding (during or soon after the operation), infection, and an unexpected reaction to the anaesthetic.

Specific complications of arthroscopy could include accidental damage to the inside of the joint or a loss of feeling in the skin over the knee. Uncommonly, it is also possible to develop a blood clot in the veins of one of the legs (deep vein thrombosis or DVT).

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. You should ask your surgeon and anaesthetist to explain how these risks apply to you.

After your operation

You will be taken from the operating theatre to a recovery room, where you will come round from the anaesthetic under close supervision.

After this, you will return the ward, where a nurse will make you comfortable. He or she will assess the operation sites and monitor your blood pressure and pulse at regular intervals.

Recovery

If the operation is performed under general anaesthetic, you will need to rest on your bed until the effects of the anaesthetic have passed. If you are sore, you may require painkillers, which can usually be taken every four to six hours. Please discuss this with your nurse, surgeon or anaesthetist.

When you feel ready, you can begin to drink and eat, starting with clear fluids such as water or apple juice.

Before you go home, your surgeon may visit you to discuss the outcome of the operation.

A physiotherapist will visit to help you to get the joint moving and to discuss exercising at home.

Going home

If your operation has been planned as a day case (with no overnight stay), you will be able to go home once you have made a full recovery from the anaesthetic. However, you will need to arrange for someone to drive you home and then stay with you for the first 24 hours. If you stay overnight following your operation, you will be asked to be ready to leave your room the next morning.

Before you are discharged, the nurse will advise you about caring for surgical wounds, hygiene and bathing. The nurse will also give you a contact telephone number for the hospital, in case you need to ask for any further advice.

After you return home

If you need them, continue taking painkillers as advised by the hospital. A general anaesthetic can temporarily affect your co-ordination and reasoning skills, so you should avoid drinking alcohol, using power tools, making any vital decisions or signing legal documents for 24 hours afterwards.

As the joint is likely to be quite sore, you need to be prepared to take it easy for at least a few days. Don't do any strenuous exercise, lifting or carrying. You should also avoid driving for the first 48 hours.

You will have a dressing or elasticated bandage over the operation sites. These apply pressure to assist with healing. The joint area needs to be kept clean and dry for about a week. Use waterproof plasters over the wounds when you take a shower and avoid soaking the joint in the bath until healing is completed. The plasters can be replaced every couple of days.

Exercise

It's crucial that you continue with the exercises recommended by the physiotherapist, as these will promote healing and help you quickly regain mobility. Also, keep your leg up when resting by using a chair or footstool. This will help to minimise swelling.

You may find that there is some discomfort from the joint, and some swelling, for around two weeks after surgery. This can last longer if your treatment has been for arthritis.

You will usually be able to return to work within two to three days after an arthroscopy, but it may be longer if your job involves bending, lifting or carrying. You should be able to go back to your usual physical activities or sports after around three weeks. Ask your surgeon for more advice.

This leaflet describes standard treatment. Your experience may differ slightly. If you have any unanswered questions or concerns, please do feel free to raise them at any time when you visit the hospital.

Further information

Healthwise (Health Information Resource Centre)

Tel : (852) 2849 2400
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