

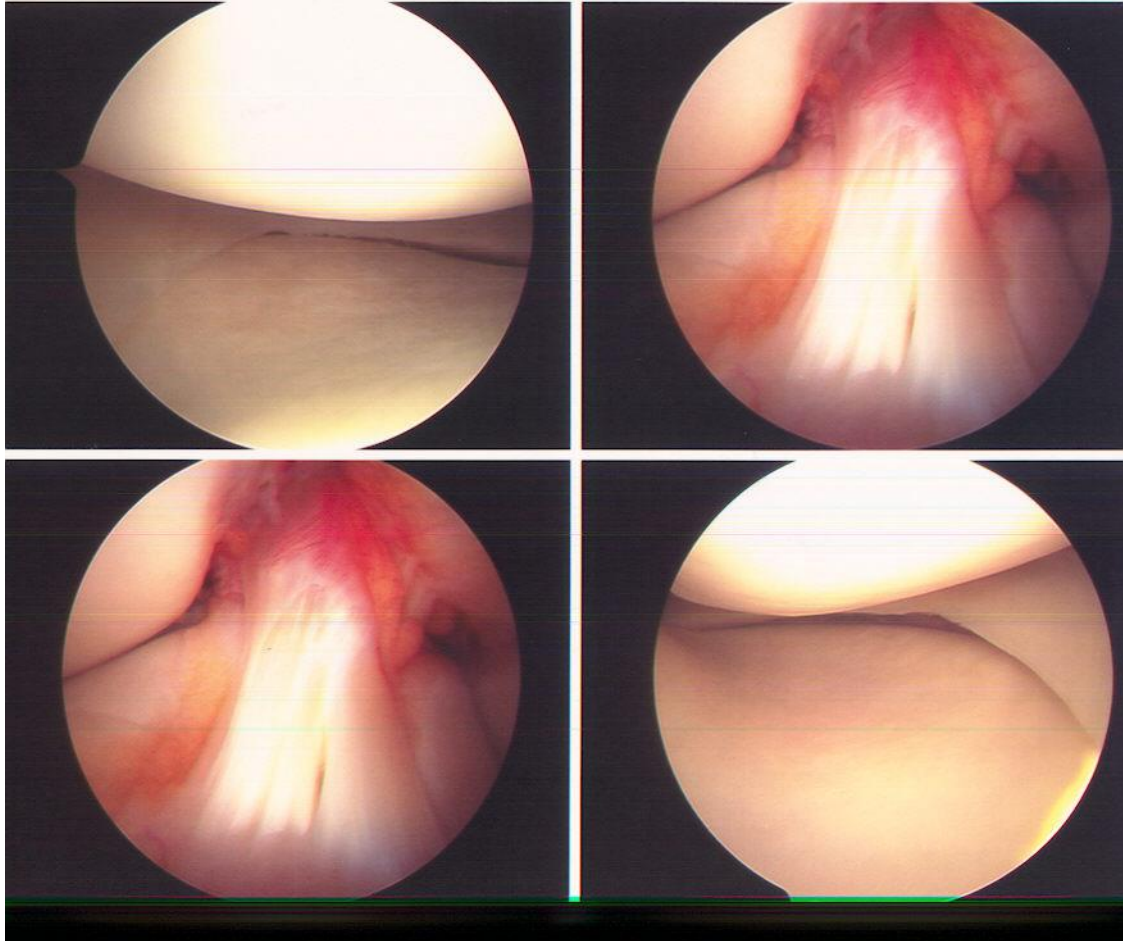
KNEE ARTHROSCOPY INFORMATION PACK

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GENERAL INFORMATION

The knee joint (KJ) is a smooth –moving hinge connecting the thigh bone (femur) to the leg bone (tibia). The patella (knee cap) lies in front. The ends of the bones are covered by cartilage which allows the joint surfaces to glide smoothly. The menisci or shock-absorbers cushion the knee. The ligaments, muscles and tendons around the KJ provide strength and stability. Damage through injury or wear & tear can cause pain, swelling or symptoms of locking or giving way.

WHAT IS ARTHROSCOPIC KEY-HOLE SURGERY ?

Arthroscopy is used to confirm and treat many causes of knee pain and mechanical symptoms without making a large incision. Generally speaking 2 to 3 small cuts are made to insert a thin telescope-like instrument and other small

surgical instruments. The joint is expanded with fluid to make visualization of the joint easier. Once the procedure is complete the small cuts are closed with dissolving stitches and approximated with tape. The knee is dressed with a bulky dressing and an elastic bandage is applied. This procedure is useful in treating injuries to menisci, cartilage, ligaments and joint infections.

PRE-ADMISSION INFORMATION

You should not eat or drink anything after midnight prior to the day of surgery. The leg should not be shaved

A hair removing cream like NEET or NAIR will be prescribed to you. Before using it a 'patch test' is done to confirm you are not sensitive to the product. Apply A small amount to the inside of your wrist and wait for 15 mins. Wash off with water and wait for 20 mins. You are not sensitive if no redness nor rash appears. You can then apply the cream to the leg to be operated on from the top of the thigh to above the ankle. This is done the evening before surgery. Leave for 15 mins and wash with warm water.

A sponge with antiseptic wash (betadine or chlorhexidine) is given to you as well. This is used to clean the leg to be operated on the morning of the operation and is to be done at home. Make sure you are not allergic to either one.

Unless specified the procedure is done as a day case. You should have someone to drive you home

DISCHARGE INFORMATION

WARNING SIGNS:

Call your doctor/ GP/ A&E if you have any of the following:

Chills or fever above 38 degrees centigrade.

Excessive bleeding through the dressing

Undue pain in-spite of rest, icing and pain-killers

Numbness, or discoloration of the foot or calf (pale or blue)

1. **Pain:** Some pain should be expected. This is reduced by injecting some freezing (anaesthetic) into the joint during surgery and by prescribing some pain-killers. If the pain-killers make you unwell notify your doctor.

Pain can be reduced by keeping your leg elevated on a couple of pillows

Ice packs can also control pain and swelling. This is done for 15 –20 mins every hour for the first 24 hours. Crushed ice or a bag of frozen peas should be wrapped in a thin damp towel before applying around the KJ.

You should sleep on your back or on the non-operated side with a pillow between your knees

2. **Wound Care:** Remove the bulky dressing after 24-48 hours. The sticky dressing on your skin stays on till your first appointment following surgery in approximately 2 weeks time. Some oozing into the dressings is normal. The elasticated bandaged may be re-applied as needed.
3. **Diet:** You are permitted to have some fluids soon after surgery and can resume normal eating habits when you feel able to do so. Some pain-killers cause constipation. This can be avoided by drinking plenty of water (6-8 glasses per day) and including high fibre in your diet.
4. **Showering:** You can have a light shower 24-48 hours after surgery over the sticky dressings. Avoid soaking in the tub or swimming pool.
5. **Activity:** Rest with your leg elevated on the day of surgery. Limit your walking. Exercise your toes and ankle to stimulate circulation. Crutches are often required.

The day after surgery, you are permitted to walk and move your knee as much as your knee allows. Remember undue pain is a warning sign. Increase your level of activity slowly. Remember to ice regularly especially if the knee is painful or swollen. Stairs may be difficult initially and you may find it easier to lead with the non-operated leg and by going sideways.

6 Activities of Daily Living: Ask your doctor regarding when you may return to work, driving and sport.

EXERCISES:

1. This may seem difficult initially. However this is necessary to regain normal use of your knee
2. The following exercises should be done three times a day unless instructed otherwise by your doctor. Do 1-3 sets of 10 repetitions for each exercise, as tolerated. Remember to ice after your exercises using a cold pack or a packet of frozen peas for 20 minutes. Remember to exercise both legs to maintain good muscle balance.