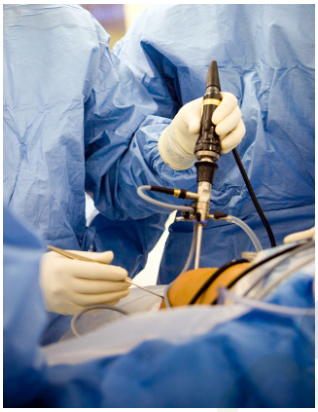
Knee Arthroscopy

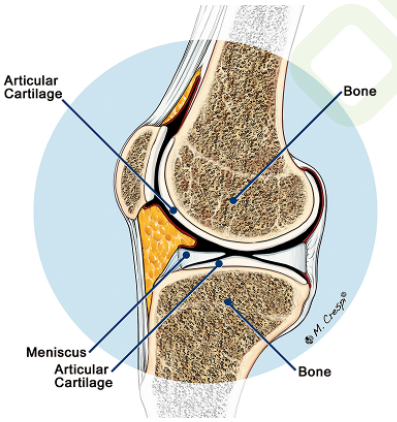
Arthroscopy is a technique that allows for a wide range of surgery to be performed within the knee through two or three very small cuts. In general, it leads to a more rapid recovery than older techniques using larger incisions. Nonetheless, arthroscopy is a surgical procedure and should be taken seriously. These notes are aimed to help answer some of the questions you may have.

Arthroscopy is usually performed under a general anaesthetic. In other words, you will be asleep for the procedure. Most arthroscopies are performed as day cases. This means that you are in and out of hospital on the same day. However, depending on the exact nature of the surgery which is performed and also depending on other factors such as your age, your health and where you live, you may need to stay in hospital overnight following the operation.



The surgery involves making two short incisions on either side of the kneecap (patella). A telescopic camera is put into the knee through one incision and instruments can be introduced into the knee through the other, allowing surgery to be performed. Sometimes additional incisions are made, depending on the operation being performed. The incisions are usually closed using Steristrips which are small pieces of tape. Sometimes an additional dissolving stitch is also used. Depending on the type surgery that has been performed, a small drain tube may be placed in the knee to stop any unwanted bleeding accumulating within the joint. This drain tube is removed before you go home.

Many different operations can be performed arthroscopically. Meniscectomy involves removing a torn piece of a meniscus (commonly referred to as a cartilage). Meniscal repair is performed when the type of tear makes it possible for the meniscus to heal. There are various methods of repair, some of which involve putting small implants into the meniscus. Meniscal tears can also be sutured, in which case there is an extra incision towards the back of the knee or sometimes at the front of the upper shin. Chondroplasty involves treating the articular cartilage surface on the end of the bone. The articular cartilage can be damaged through injury or as part of osteoarthritis which is essentially a wear process. Note that in general there has been a move away from doing an arthroscopy in the setting of osteoarthritis, as it rarely helps and sometimes can make the knee worse. Osteochondritis dissecans is a condition affecting a localised area of articular cartilage and the underlying bone which may also be treated by chondroplasty, but also by repair of the fragment back to bone. Chondroplasty usually involves shaving off areas of unstable articular cartilage but may also involve microfracture, which involves making holes into the underlying bone to stimulate the formation of a new coating on the bone although it is not normal cartilage. Lateral release or retinaculalr lengthening involves dividing tight bands on the outside (lateral side) of the patella.



Your recovery after the operation will largely depend on the type of surgery which has been performed and the damage which was present in your knee. For instance, lateral release and microfracture chondroplasty are often associated with a more lengthy recovery.

Although many patients will find they do not need to use crutches at all, some will use them during the first two or three days after surgery, mainly for comfort. Sometimes patients are given specific instructions to continue using crutches for a longer period of time. You will receive instructions regarding exercises and physiotherapy. By following these instructions, you will speed up your recovery.

Time off work varies according to the type of surgery and your job. Usually it is only a matter of days to a weeks. The time taken to return to normal sporting activities also varies, but for the most common procedures is somewhere between six and twelve weeks.

Complications

Arthroscopy is generally a very safe procedure. Complications are not common. Possible serious problems include infection and deep vein thrombosis.

Infection of the wounds can occur, despite the precautions taken. This is usually easily treated with antibiotics. However, sometimes the infection can get into the joint and this requires admission to hospital, additional arthroscopic surgery and intravenous antibiotics. Infection of the joint (septic arthritis) is a serious condition, which can have long-term consequences of stiffness and osteoarthritis.

A deep vein thrombosis is a blood clot that may form in the veins in the legs. This can cause persistent swelling of the foot and ankle and can also be dislodged and be carried to the lungs (pulmonary embolus), resulting in chest pain and breathing difficulties. However, the risk of thrombosis is statistically very low.

Some altered sensation or numbness on the front of the knee can occur as a result of small nerves in the skin being damaged by the incisions made for the arthroscopy. Usually these changes resolve with time and do not cause long term inconvenience. However, it is common for kneeling to be uncomfortable for up to 2 months.

Anaesthesia

Anaesthesia for arthroscopic surgery of the knee usually involves a general anaesthetic. Usually you will be able to eat and drink again within an hour of surgery.

Pain

The pain after arthroscopic surgery is not usually severe. Local

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anaesthetic is injected into the cuts and the knee during the operation, so the knee is usually comfortable when you are discharged from hospital. You will be prescribed a moderately strong painkiller such as Endone tablets to take home after the surgery. However it is generally better to start with regular paracetamol (500-1000mg 6 hourly) and only progress to the stronger tablets if necessary.

Nausea and vomiting

The light nature of the general anaesthetic necessary for arthroscopy usually means nausea and vomiting are kept to a minimum. If necessary, your anaesthetist will order anti-nausea drugs postoperatively. If you have had severe problems with nausea and vomiting with previous general anaesthesia you should discuss this with your anaesthetist when they visit you before surgery.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are a general overview aimed for use by their patients and reflect their views, opinions and recommendations. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your surgeon or other health care provider with any questions regarding medical conditions and treatment.

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