

# Oxford Knee Group

## **Knee Arthroscopy Information**

**Background:** A knee arthroscopy is a key hole operation using 2 or more small cuts (each about 1cm) from which a camera and instruments can be used inside the knee. It is most commonly used to treat symptomatic tears to the menisci (sports cartilages). The menisci are a commonly injured structure within the knee. Injuries can occur in any age group. In younger patients the meniscus is tough and rubbery, but can be torn in fairly forceable twisting injuries (traumatic tear). The meniscus grows weaker and less elastic with age, and can be torn with fairly minor injuries, even sometimes a simple squat (degenerative tear).

**Signs and symptoms:** The most common problem caused by a torn meniscus is pain. The pain may be felt along the line of the joint where the meniscus lies or be more vague and felt all over the knee. It is often made worse with twisting, squatting or impact activities when the meniscus can be pinched. With rest the symptoms may settle. The joint may become swollen. If the torn part of meniscus is large, locking may occur. This is caused by a large fragment getting caught in the hinge mechanism of the knee and acting like a wedge preventing the knee from fully straightening.

**Treatment:** Initial treatment for a torn meniscus is directed towards reducing the pain and swelling in the knee. This can be achieved by resting the knee, icepacks and anti-inflammatory medications. You may be asked to attend physiotherapy to reduce the pain and swelling and improve the range of movement. If the knee is locked and cannot be straightened out, surgery may be recommended as soon as reasonably possible to remove the torn portion that is caught in the knee joint. Once a meniscus is torn, it will most likely not heal on its own. Symptoms in a large number of patients with degenerative tears will settle with appropriate treatment (anti inflammatory medication and rest). The symptoms may recur intermittently but if they can be managed relatively easily then retaining the degenerate meniscus may

be better for the knee in the long term (slows the rate of arthritic changes). If the symptoms continue, surgery will be required to either remove the torn portion of the meniscus or to repair the tear.

***Surgery:*** Meniscal surgery is done using the arthroscope. Small incisions are made in the knee to allow the insertion of a small TV camera into the joint. Through another small incision, special instruments are used to remove the torn portion of meniscus while the arthroscope is used to see what is happening. In some cases the meniscus tear can be repaired. Sutures are then placed into the torn meniscus until the tear is repaired. Repair of the meniscus is not possible in all cases. Young people with relatively recent meniscal tears are the most likely candidates for repair. Degenerative type tears in older people are not usually repairable.

### **What is involved for you as the patient:**

- Healthy patients are admitted to the day surgery unit on the morning of their surgery. You should inform your surgeon and anaesthetist of any medical conditions or previous medical treatment as this may affect your operation.
- It is extremely important that there are no cuts, scratches, spots or ulcers on your lower limb as this greatly increases the risk of infection. Your surgery will be postponed until the skin lesions have healed. You should not shave or wax your legs for one week prior to surgery.
- After the operation you will be required to stay in hospital for the day. Overnight stay may occasionally be required due to the affects of the anaesthetic or an inability to manage crutches.
- A physiotherapist will see you after the surgery to mobilise you and show you how to use your crutches. They will give you a programme of exercises to perform when you return home. Sedentary and office workers may return to work approximately 2-3 days following surgery. Most patients should be walking normally 7 days following surgery although there is considerable patient to patient variation.
- Should the left knee be involved then driving an automatic car is

possible as soon as pain allows. Should the right knee be involved driving is permitted when you are able to walk without crutches. You must not drive a motor vehicle whilst taking severe pain killing medications.

- Return to vigorous activities will be determined by the extent of the damage to your meniscus and the amount of meniscus that required removal. If minimal damage was present then you may return to vigorous activities after 6 weeks. If significant damage was present then you may be advised to avoid impact loading activities in order to prevent the onset of early arthritis developing within the joint.
- Follow-up will be organised about 6 weeks after the surgery.

### Complications related to surgery

As with all operations if at any stage anything seems amiss it is better to call up for advice rather than wait and worry. If you experience severe pain and swelling in the first few days following surgery, you should contact your GP for advice. A fever, or redness or swelling around the knee, an unexplained increase in pain should all be brought to the attention of your doctor.

- ***Deep vein thrombosis and pulmonary embolus:*** Although this complication is rare following arthroscopic surgery, a combination of knee injury, prolonged transport and immobilisation of the limb, smoking and the oral contraceptive pill or hormonal replacement therapy all multiply to increase the risk. Any past history of thrombosis should be brought to the attention of the surgeon prior to your operation. The oral contraceptive pill, hormonal replacement therapy and smoking should cease one week prior to surgery to minimise the risks.
- ***Excessive bleeding*** resulting in a haematoma is known to occur with patients taking non steroidal anti-inflammatory drugs. They should be stopped at least one week prior to surgery.
- ***Infection:*** Surgery is carried out under strict germ free conditions in an operating theatre. There is a less than 1 in 200 chance of developing

an infection within the joint. This may require treatment with antibiotics or may require hospitalisation and arthroscopic washout of the joint. Subsequent to such procedures prolonged periods of antibiotics are required and the post operative recovery may be delayed.

- ***Pain and swelling:*** In rare cases your knee may become more painful and swollen after the operation. This usually settles with rest, ice, and anti-inflammatory medications.

- ***Port site tenderness:*** commonly the small scars at the front of the knee where the camera and instruments are inserted are irritable and slightly swollen. This often makes kneeling un- comfortable. This normally settles after a few months.

- ***Complications related to a General anaesthetic.*** These are very rare following knee arthroscopy surgery. The anaesthetist will discuss this with you prior to the operation.