



## Knee Arthroscopy

### What is an arthroscopy?

An arthroscopy is a “key-hole” operation which is used to look inside of joints and is especially common with the knee joint. This is performed using a series of very small cuts in the skin, to make two or three small portals (holes) within the knee joint.

- The arthroscope (camera) is inserted into one of the portals.
- A second portal can be used to flow a saline solution through the knee joint, which improves visibility and manoeuvrability of the instruments.
- The third portal is for the arthroscopic instruments.

An arthroscopy allows the orthopaedic surgeon to examine the knee joint, which allows an accurate diagnosis and treatment to be carried out. Each arthroscopy operation is different and the treatment will depend upon what the arthroscope shows once inside the knee joint. This operation may be done either under a local anaesthetic (whilst you are awake) or a general anaesthetic (whilst you are asleep).

### Why do I need an arthroscopy?

An arthroscopy is extremely useful in confirming the cause of knee symptoms, and then delivering the appropriate treatment. This may be extremely beneficial if you are experiencing any of the symptoms detailed below:

- Pain in the knee joint
- Intermittent swelling at the knee joint
- Giving way
- Locking of the knee joint

Some of the operations, which can be performed at the knee using an arthroscopic approach include:

- Trimming or repairs of specialised knee cartilage (meniscus)



# Dr. Aditya Khemka

Consultant Orthopedic Surgeon  
Hip, Knee & Osseointegration

- Removal of loose bodies (cartilage/bone)
- Micro-fracture treatment for osteochondral defects (bone-cartilage defects)
- Reconstruction of ligaments
- Trimming of other soft tissues (ligaments, plica, and bursa)
- Release of soft tissue to correct patella tracking problems

## Can there be any complications or risks?

As with any surgery there are risks involved. The consultant will inform you of these risks prior to your operation. These risks include:

- Bruising and swelling
- Infection
- No change or recurrence of symptoms
- Stiffness in the knee
- Unexpected reaction to the anaesthetic
- Damage to nerves and blood vessels possibly requiring further surgery
- Loss of feeling around the operation wounds
- Blood clots in legs and/or lungs, stroke, heart attack or heart failure, all which can result in death
- Complex regional pain syndrome which is an uncommon form of chronic pain. The pain usually develops after an injury which in most cases is a minor injury or surgery but the pain experienced is out of all proportion to what you would normally expect.

## What happens afterwards?

### Post-operative advice

- You should refrain from the consumption of alcohol or taking any medication other than that prescribed by the nursing staff (including sleeping tablets) for 48 hours.
- When you feel ready, you may eat and drink.



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- You may return home once in a stable condition and the nursing staff have arranged your discharge medication and information.
- If you have had a general anaesthetic, we also advise you not to operate machinery or household appliances. We also advise that you have somebody drive you home and stay with you for the first 24 hours following the operation.

## What to look out for

If you experience any of these symptoms following the operation you must contact the hospital immediately.

- Fever
- Cold sweats/chills
- Persistent warmth or increased redness around the knee joint
- Increased pain around the knee joint without a change in medication (pain relief)
- A significant increase in the amount of swelling at the knee joint
- A pain in the calf muscle with associated swelling and redness

## Follow up with the consultant

Following the arthroscopy you may be visited by the consultant on the ward/day surgery unit for further assessment and to discuss the operation. A follow-up appointment will be sent out in the post, asking you to attend the outpatients department. This will be arranged for approximately 2 weeks following the operation.

## Driving

You should refrain from driving for at least 2 weeks following your surgery. You should also contact your insurance company to notify them about your operation and to check the validity of your insurance. You should then seek further advice from your consultant and your insurance company as to when you can start driving again. Upon the follow up assessment the consultant may state that there is no medical reason to stop you from driving again. However this essentially will be your own



# Dr. Aditya Khemka

Consultant Orthopedic Surgeon  
Hip, Knee & Osseointegration

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decision as to whether you are safe to drive and can perform all the essential driving manoeuvres.

## **Wound care**

Please keep all dressings clean and dry for two days following the operation. After two days you may remove the bandages, but leave the adhesive dressings on until you are further reviewed in the outpatient clinic, which is usually within two weeks following the operation.

## **Returning to work**

This will depend upon the specific details of your operation and also the nature of your work. Usually at least one week off work is required, however this may need to be longer if your work is specifically manual/physical. This should be discussed with your consultant for further advice on this matter.

## **Return to exercise and sport**

This will depend upon the specific details of your operation. This is something that should be discussed with the consultant or your physiotherapist.

## **Post-operative exercises**

There are a wide range of exercises detailed within this leaflet, but these may be modified by the physiotherapist according to your specific operation.

## **Swelling control**

It is generally advised that you elevate the leg on a regular basis for the first 48 hours after for operation. This will reduce the risk of swelling and pain.

As long as there is no reduced sensation at the operation site then an ice pack may be applied to the knee joint to reduce swelling also.

- Cover your knee with a damp tea-towel or cloth. It is important that ice is not applied directly onto the skins surface as this can cause an ice burn.



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- Use either ice in a polythene bag (ice pack) or a pack of frozen peas.
- Place the ice pack over your knee, holding this in place with a towel.
- Leave the ice pack on for approximately 10-15 minutes, inspecting the skin on a regular basis.
- It is normal for the skin to become cold and slightly red. If there is a significant increase in pain then remove the ice pack immediately.

## Walking normally

Generally you are allowed to walk full weight-bearing or as pain allows after the operation. If this is restricted to either non-weight bearing or partial weight bearing then this will be assessed prior to your discharge.

It is important to try and walk normally.

- The first part of the foot to make contact with the floor should be the heel and last part of the foot to leave the floor should be the big toe as you push off.
- Try and place one foot in front of the other as you walk.
- Try and bend the operated knee as it swings through.

## Stairs

When going up the stairs, it is easier to lead with the **unoperated** leg taking one step at a time.

When coming down the stairs, it is easier to lead with the **operated** leg, again taking one step at a time.

**Remember – good leg up first – operated leg down first**

## Breathing exercises

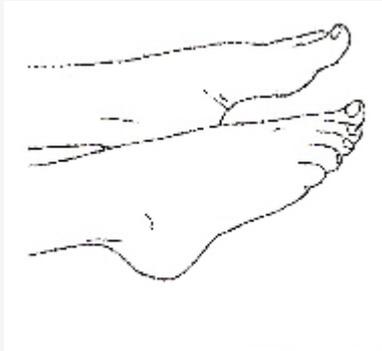
To prevent chest complications it is advised that you perform 10 deep breaths and 2 – 3 coughs every hour to keep the chest clear from infection. If you suffer with chest problems, the physiotherapist may show you some specific exercises.



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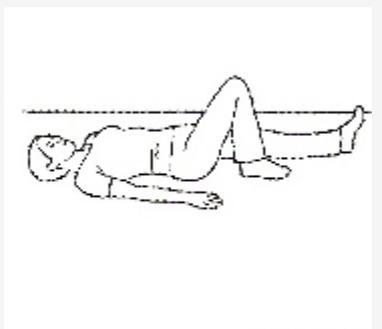
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## Circulation exercises



- Move your ankles up and down 10 times.
- Move your ankles round in big circles 10 times.
- Wiggle your toes for 10 seconds.
- Aim to repeat this every hour.

## Movement of the knee



- Lying on your back.
- Bend and straighten your leg.
- Aim to repeat this 10 times, 3 times per day.



- Sit on a chair with your feet on the floor.
- Bend your knee as much as possible and then straighten the knee.
- Aim to repeat this 10 times, 3 times per day.



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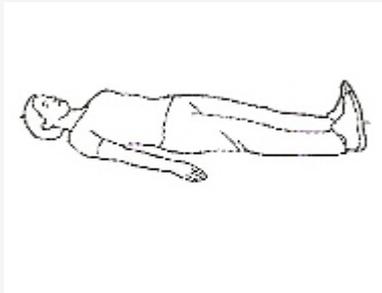
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## Movement of the knee cap

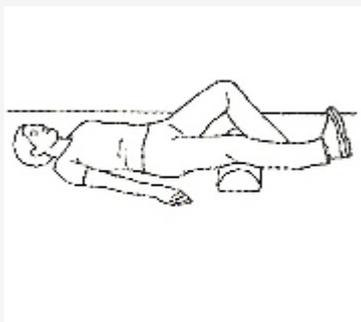


- Sit with your leg straight.
- Push your knee cap towards your opposite leg and hold for approximately 3 seconds.
- Push your knee cap away from your other leg and hold for approximately 3 seconds.
- Aim to repeat this 5 times in each direction, 3 times per day.

## Strengthening exercises



- Lying on your back with your leg straight.
- Pull your toes up towards you bending your ankle and then using your thigh muscles push your knee firmly down into the bed/floor. Hold this position for approximately 5 seconds.
- Aim to repeat this 5 times, 3 times per day.

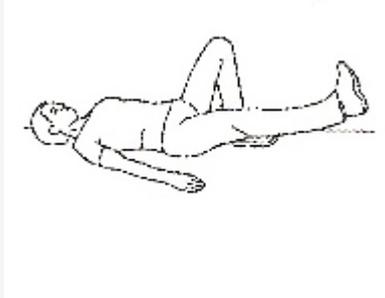


- Lying on your back, put a cushion under the operated knee and bend the other knee.
- Tighten the thigh muscles and straighten the knee, keeping the knee on the cushion.
- Return the leg back to start position slowly.
- Aim to repeat this 5-10 times, 3 times per day.



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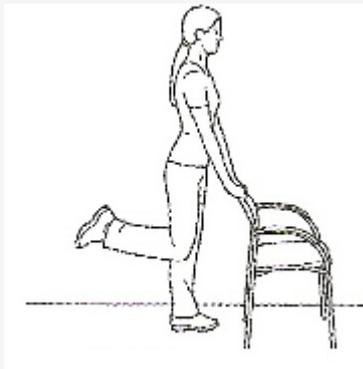
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- Lying on your back, with the operated leg straight and the other leg bent.
- On the operated leg pull your ankle and toes up towards you, then using your thigh muscles push your knee firmly down into the bed/floor. Then lift the leg off the bed/floor by approx 20cm trying to keep the leg straight. Try and hold this for at least 5 seconds and then slowly lower the leg down to the bed.
- Aim to repeat this 5 times, 3 times per day.



- Sit on a chair.
- Pull your ankle and toes up to you, tighten your thigh muscles and straighten your knee.
- Lower your leg slowly, bending your knee.
- Aim to repeat this 10 times, 3 times per day.



- Stand holding onto a support (eg, chair).
- Bring your leg backwards and bend your knee to bring your heel towards your buttock.
- Return the foot slowly to the floor.
- Aim to repeat 10 times, 3 times per day.