



# Information for patients

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## What is an Arthroscopy?

An arthroscopy is an investigation that allows direct visual examination of the inside of the knee joint by using an instrument called an arthroscope. It can also be used to perform some procedures within the knee.

It is usually performed under a general anaesthetic, although sometimes spinal and local anaesthetics are used.

## Benefits

Some conditions affecting joints do not show up on X-rays and scans. By using an arthroscopy, only small cuts are needed on either side of the knee. This reduces pain and provides faster healing times meaning you can go home the same day and return to normal activities more quickly.

By examining the bones, ligaments and cartilage from within the joint, your consultant is often able to detect the problem that may have been causing your pain and treat a range of joint problems and conditions during the arthroscopy including:

- Repairing or removing torn cartilage
- Removing fragments of loose bodies such as bone, cartilage or debris
- Draining away any excess fluid or take samples of inflamed tissue

## Risks & Side Effects

An arthroscopy is generally considered a safe procedure, but like all surgeries it does carry some risks.

Swelling, bruising, stiffness and discomfort are all normal and short-lived problems after this type of procedure improving over a week or two.

More serious problems are less common, but include:

- A blood clot in one of the limbs, known as a deep vein thrombosis (DVT)
- Infection of the wound or inside the joint, known as septic arthritis causing high temperature, pain and swelling
- Bleeding inside the joint or from the wound sites
- Accidental damage to the nerves near the joint which can lead to some loss of sensation which may be temporary or permanent
- Poor healing and Keloid scars, which are usually tender, red and raised

It is important to discuss these risks with your surgeon before agreeing to have an arthroscopy and like all operations there is no guarantee it will be 100% effective.

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## Alternatives

The surgeon will have discussed this with you prior to surgery and you may have already tried alternative treatments.

## Before You Arrive

Prior to your admission you will have been advised when to stop taking diet and fluids.

Please have a shower or bath before coming for your surgery. Please avoid using any deodorants and moisturizers on the day of your surgery. We also request that you do not wear make-up, nail-varnish or jewellery (except for a wedding ring).

Please bring in with you any medication you normally take (even if infrequent), a dressing gown, slippers and a book or magazine to read.

Please leave valuables at home.

## Please Remember

Following a general anaesthetic arrange:

- For an adult to escort you home and care for you for the first 24 hours after discharge
- Not to use machinery (including cookers), or sign documents for 24 hours
- Not to drive after surgery for at least one week or as advised by your surgeon
- Time off work will need to be arranged. You will probably need a week or two off work, but this varies depending on your job and how you recover from the operation

## On the Day of the Surgery

Please report to the Day Surgery Unit's reception desk. You may be asked to wait in a reception area, before being taken to get ready for your operation.

Please tell the nurse if you have any medical changes or change of social circumstances since your pre-assessment appointment.

The surgeon will come to see you, mark the operation site and take your written consent for the operation. The anaesthetist will also come and discuss your anaesthetic.

When it is time for your surgery a nurse will walk with you to theatre.

## After the Surgery

You will be taken to a recovery room and once able transferred back to the Day Surgery Unit. Sometimes there may be a need to transfer you to one of the Orthopaedic Wards, if the procedure requires you to stay in overnight.

Once back in the Day Surgery Unit or Ward, light refreshments will be provided.

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Your leg may feel heavy and numb and will be bandaged from mid-thigh to mid shin to protect the wound. Under this will be 2-3 small dressings covering the stitches, or Steri-strips securing the wound.

Usually a local anaesthetic will have been used to washout the knee joint at the end of surgery or injected into the knee. As this may cause your knee to feel unstable, please do not attempt to walk on your own, the nursing staff will assist you. Normally, you can fully weight bear and do not require walking aides following an arthroscopy. However, if advised by your surgeon, you will be provided with crutches (see section on physiotherapy).

If you experience any discomfort, please ask the nursing staff for pain relief.

When you are adequately recovered the nurse will provide you with discharge advice, answer any questions that you may wish to ask and arrange for you to go home.

### At Home

You may require painkillers after the effect of the anaesthesia has 'worn off' and it is advisable to take them regularly as you increase your activity.

It is normal to experience some swelling of the knee after the operation, so it is important to regularly rest and elevate your leg and move your ankle up and down.

Ice packs (or a bag of frozen vegetables) may also help to reduce the swelling and relieve some of the pain (see physiotherapy section on exercises and activity).

Depending on the type of surgery, the outer layer of bandage may be removed 72 hours following surgery (or when the bandage becomes loose).

Keep the wound clean and dry for 2 weeks.

You should walk, climb stairs as normal and perform the exercises shown in this leaflet, unless you have been asked specifically not to do so.

An outpatient appointment will be sent to you by post to review your surgery and remove the stitches.

These instructions may differ according to consultant preference which will be advised by the nurse before your discharge.

Following discharge, a letter regarding your surgery will be sent to your GP within 48 hours.

### Effects of Anaesthetic

If you experience nausea following surgery, drink plenty of fluids and take light meals.

Headache is not unusual following a general anaesthetic. Simple painkillers will help to relieve this.

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## Physiotherapy Information and Exercises Following Knee Arthroscopy

### Will I need crutches after surgery?

Normally, you can put as much weight on your operated leg as you can. Most patients do not require crutches, but there are some procedures done through arthroscopy which may require you to restrict your weight bearing. For these surgeries you may be seen before or after your surgery by a Physiotherapist who may also modify your post-operative exercise program.

If you use a walking aid such as a stick prior to surgery, it is likely you will need this afterwards, so remember to bring it with you.

### What do I do if my knee swells?

Your knee may swell if you overdo things. If this occurs, it is important to remember this simple remedy.

Rest - slow down on your activity and exercise.

Ice - your knee with an ice pack or bag of frozen vegetables for 15 - 20 minutes a few times a day. Do not put the ice directly on your skin.

Elevating - your leg regularly throughout the day. This usually means lying down with your leg up on pillows.

### What exercises should I do after my surgery?

You can start moving your knee before you leave hospital. The following exercises will help regain knee movement and strength in the first week or two after surgery. Do 10 repetitions of each 3 times a day for the first few weeks after surgery.

Most patients do not require any formal Physiotherapy appointments. But this will depend on your surgery, your progress and your level of activity.

1. Lying on your back, slide your foot up the bed to bend your knee as much as able
2. Bend and straighten your knee while sitting in a chair. When your knee is straight, hold your foot off the floor for 10 seconds
3. Keeping your operated knee straight, press the back of your knee down into the bed. Repeat this 5 times and then raise your leg off the bed about six to ten inches. Hold it up for 10 seconds before slowly lowering

### When can I do other activities and sports?

Unless advised otherwise, you will be able to get back to most normal activities around the house within a few days of surgery, but you shouldn't try to overdo it.

Riding an exercise bike and / or a normal bike can be done as soon as your knee bends well enough to allow you to do it. This is generally two weeks after your surgery.

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Swimming or water activities are to be avoided until your stitches are removed and your wound is healed.

Other sports, especially ones involving twisting or pivoting on your knee and contact sports should be avoided for up to one month following surgery. It is important you have good movement and strength of your knee before easing yourself back into these sports.

Further advice will generally be provided at your follow up appointment or you may be referred to out-patient physiotherapy if needed.

### Contact Details within the Trust for Patients to Obtain Additional Information

#### Diana Princess of Wales Hospital

Day Surgery Unit – Ward B1

Tel: 03033 303877 or 03033 303506 (08:00-20:00 Mon-Fri)

#### Scunthorpe General Hospital

Day Surgery Unit – Ward 2

Tel: 03033 302717 (7.30–19.30 Mon - Fri)

Ward 27

Tel: 03033 305621

#### Goole & District Hospital

Tel: 03033 304119 – (08.00 – 20.00 Mon-Fri)

### Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at [nlg-tr.interpreters@nhs.net](mailto:nlg-tr.interpreters@nhs.net)

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