

## KNEE ARTHROSCOPY

The knee joint is the largest joint in the body. It is also the joint most vulnerable to damage because of the stresses it is subjected to both in day-to-day living and in sport, with up to 4 times the body's weight being taken through the joint when standing.

The joint is made up of a complex system of bones, specialised cartilage (menisci), ligaments, and tendons. The stability of the knee depends on the ligaments and tendons, which are prone to damage.

Injury or wear-and-tear of any of the knee's components can cause swelling, pain, instability, stiffness or locking. As the knee is such a complex system physical examination, Xrays, or scans do not always indicate exactly what is happening to cause the problem. In order to identify accurately the cause of any problems and, if possible, to rectify them, an arthroscopy is performed.

### SURGICAL TREATMENT

An arthroscope is a fibre-optic instrument, often described as a telescope, which is about the diameter of a pencil. It is inserted into the knee through a small incision about 1 cm in diameter. Other small incisions (usually one but more may be required) are made in the knee so that the instruments that are used to inspect and 'trim up' the joint can be inserted. Pictures of the inside of your knee are transmitted by the arthroscope to a television screen. This enables your surgeon to clearly see the structures within your knee, identify problem areas and, if possible, carry out any procedures that can rectify the problem.

### AFTER CARE

After the surgery the wounds are closed with adhesive tapes or occasionally stitches and then bulky padding and bandages are applied to provide support and help to reduce swelling. These dressings remain in place for 2 to 3 days and must be kept dry. After this time they can be removed and elastic tubing should be applied to support the knee.

As soon as you are awake you should commence exercises to return the strength and stability to your knee. There are two main exercises you should do initially.

- **Static Quads** exercises which involve lying down with your legs straight, tightening the front thigh muscle, pushing the back of the knee into the bed and holding the contraction for 3 seconds, and relaxing.
- **Straight Leg Raises** involve lying down with your injured leg straight and your good leg flexed with the sole of the foot resting flat on the bed (this reduces the strain on your lower back). Repeat the contraction as for the Static Quads and lift your leg about 15 cm off the bed, hold for 10 seconds, then lower the leg and relax.

More information about the exercise program will be given to you after your surgery.

Your knee may be painful for a day or two after the operation and, you may find that it is more painful the day after surgery if local anaesthetic was injected into the joint during surgery, as the effects of this will have decreased. Pain control medications will be given to you to take home.

You will be encouraged to get up and walk as soon as possible after surgery and you should be able go home about 4 hours after your surgery if you are well enough. Crutches are not usually required to assist you to walk. However, they can be provided if it is necessary.

Measures to reduce swelling should also be taken. This includes:

- The use of ice pack applications 4 to 5 times a day, especially after exercising. Do not apply the ice packs directly onto the skin but use a damp washer next to the skin and then the icepacks. Apply for no longer than 20 minutes each time.
- Wear the elastic tubing until you see your surgeon again.
- Elevate the leg above the level of your heart when ever possible.

An appointment will be made for you to see your surgeon in 7 to 14 days post surgery at which time your wounds and knee recovery will be checked.

You should not drive a car until your knee is comfortable enough for you to make an emergency stop.

The amount of time off work depends on the extent of surgery and your occupation. As a general rule for school or sedentary office work you can return after 2 to 3 days. For manual work, 2 to 3 weeks off may be required. Your surgeon will discuss this with you before you leave hospital.

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### **COMPLICATIONS**

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There are always some risks with any surgery. They are not common but may occur. These include:

- bleeding in the knee.
- circulation problems.
- Infection. This risk is very low with arthroscopic surgery. Antibiotics are given during your surgery to reduce the risk even further.
- damage to surrounding nerves and blood vessels.
- Deep Vein Thrombosis (DVT). This risk is low unless you have had a DVT or have a family history of this. Please inform your doctor if this is the case.
- a rare but possible complication is called Reflex Sympathetic Dystrophy, the exact cause of which is not known. The symptoms include severe burning pain in the whole limb or the feet, swelling, acute sensitivity to touch, muscle spasms, and sweating. These symptoms can last from 6 to 18 months and may not fully resolve.

Specific risks for this surgery are:

- swelling in the calf
- damage to the tendons in the knee when the arthroscope is inserted
- damage to the nerves around the insertion site resulting in localised numbness.
- the joint surface of the knee may be marked during the surgery. This damage is usually only temporary.
- knee stiffness or weakness.

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### **DISCLAIMER**

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