



## Knee Arthroscopy

### Introduction

The knee is, perhaps, the commonest joint to be arthroscoped. Patients who had to remain in hospital for up to ten days are now often treated as day cases.

### The technique

The operation is done under general anaesthetic. Knee arthroscopy involves the creation of two or three small wounds either side of the knee. These wounds are so small as not to require stitches. The arthroscope is only 4.0 mm in diameter and is passed into the knee through one of these small incisions. It allows an excellent view of the majority of the interior of the knee joint. In previous years the surgeon would look down the arthroscope, rather like a telescope. Now, with improvements in video technology, the arthroscope is connected to a camera, the image being displayed on a television screen.

Through the second incision an operating instrument is placed. Instruments vary widely in design, made specifically for the task at hand. They vary from simple manual instrumentation to motorised shavers. Even lasers can be used for knee arthroscopy.

During the operation, a sterile solution is placed within the knee joint to allow the optics of the arthroscope to work to maximum advantage. Once the operation is over, the fluid is removed and local anesthetic instilled into the knee joint. This allows good pain relief in the immediate post-operative period.

### Time in hospital

Most knee arthroscopies are performed as day case procedures, or with a maximum of a one night stay. Very occasionally a patient will be asked to stay a little longer.

### Effects of the procedure

It is normal to feel slight discomfort within the knee immediately after the procedure. However, the majority of patients will be able to perform a straight leg raise as soon as they recover from anaesthetic and will be able to bend their knee to a limited extent. Power and flexibility should return over an 8-12 hour period following the procedure.

### Wound dressings

The skin incisions are usually not sutured. As a consequence, there should be no need for suture removal at any stage. Following the procedure, however, a wool and crepe bandage dressing is applied. This remains in place until just prior to discharge when the crepe and wool are removed and replaced by an elastic bandage. This bandage should remain in place for at least three days and may then be removed when comfort allows.

### Physiotherapy

Physiotherapy can be a vital part of post-operative recovery. Patients may require further outpatient physiotherapy sessions.



**Return to work**

If your job is of a sedentary nature, then you may return to work within 72 hours of the procedure. However, it is recommended that your first week back at work should be a quiet one without too many meetings, conferences and the like. You should be in a position to make time for physiotherapy. If you are in a physically demanding job then you should avoid work for at least ten days. Again, when you return to such a job, you should ensure that the first week is a relatively light one.

You should be able to drive within three to four days after your operation.

**Return to sporting activities**

Contact sports should be avoided for three weeks after the procedure. In certain circumstances this period may be a little longer. Training in a gymnasium, swimming, cycling and other non-contact activities can commence as soon as comfort allows after the procedure.

**Complications**

Fortunately, complications are very rare. Infection, for example, occurs in less than 1 in 1,000 cases. Occasionally, patients may bleed after surgery, either into the knee or from one of the skin wounds. This is not usually a problem, but sometimes requires further surgical intervention.

A degree of swelling is normal and will generally settle on its own with elevation and appropriate physiotherapy.

Dennis Edwards FRCS FRCS (Orth),  
Consultant Orthopaedic Surgeon