



Patient information

Having a knee arthroscopy

This leaflet provides some information about having a knee arthroscopy. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice. Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

What's arthroscopy?

Arthroscopy is a "keyhole" operation that is used to look inside and treat joints, especially the knee joint. It is performed through very small cuts in the skin, using a narrow, tube-like endoscope called an arthroscope.

Arthroscopy is useful for finding out what is causing symptoms, deliver treatment for conditions such as arthritis and inflammation, take small samples of tissue, or repair damage to tissues and cartilage.

The procedure is usually done as a day-case. Arthroscopy is usually done under general anaesthesia, which means that you will be asleep during the procedure, or for some patients, epidural or spinal anaesthesia is preferable. This will completely block the feeling in your legs but you stay awake.

Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case. For more information, please see the separate Spire Healthcare patient information leaflets *Having a general anaesthetic* and *Having a local anaesthetic or sedation*. Your surgeon will explain the benefits and risks of having a knee arthroscopy, and will also discuss the alternatives to the procedure.

when you are resting. This will help to reduce swelling. You should follow your surgeon's advice about driving, returning to work, and resuming your usual physical activities and sports. You should not drive until you feel you could do an emergency stop without discomfort.

What are the risks?

Arthroscopy is a commonly performed and generally safe surgical procedure. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling sick as a result of the general anaesthesia, although medicines are available to help with this.

You are likely to have some pain, stiffness and swelling around the joint, which may last a few weeks. Gentle knee exercises will help reduce stiffness and discomfort.

Complications

This is when problems occur during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthesia, excessive bleeding or infection. This may require further treatment such as returning to theatre to stop bleeding, or antibiotics to treat an infection. Specific complications of arthroscopy could include accidental damage to the inside of the joint or a loss of feeling in the skin over the knee. Uncommonly, it's also possible to develop a blood clot in the veins of one of your legs (deep vein thrombosis, DVT).

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

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Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it within three days.

If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital. Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions given in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until two hours beforehand. Spire Healthcare operate a strict no smoking policy. If you are a smoker you may wish to bring nicotine patches to use for the duration of your stay.

When you arrive at the hospital, your nurse will explain how you will be cared for during your treatment and will do some simple tests such as checking your heart rate and blood pressure, and testing your urine. You may be asked to wear a compression stocking on the unaffected leg to help prevent blood clots forming in the veins in your leg (deep vein thrombosis, DVT). Your surgeon will usually visit you before the operation, and the leg to be treated will be marked clearly. This is a good time to ask any unanswered questions.

Consent

If you are happy to proceed with the knee arthroscopy, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead. You need to know about the possible side effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

About the operation

Once the anaesthetic has taken effect, your surgeon will make two small cuts (about 5mm long) in the skin around the knee joint. The first cut is used to pump sterile fluid into the joint to help produce a clearer picture. The second cut is used to insert the arthroscope.

Your surgeon will view the joint, by looking directly through the arthroscope, or at pictures it sends to a video screen. If necessary, other instruments can be inserted to repair any damage or remove material that interferes with movement or causes pain in the knee. Afterwards, the fluid is drained out and the cuts are closed with stitches or

adhesive strips. Then a dressing and a bandage is wrapped around the knee. An arthroscopy can take from 30 minutes to over an hour, depending on how much work your surgeon needs to do inside the joint.

After your operation

You will be taken from the operating theatre to a recovery room, where you will come round from the anaesthesia under close supervision. After this (or immediately after an operation under spinal anaesthesia) you will be taken back to your room or the day care ward, where your nurse will assess the operation site, and record your blood pressure and heart rate at regular intervals.

Back on the ward

You will need to rest on your bed until the effects of the anaesthesia have passed. As the anaesthesia wears off, you may start to feel some discomfort in your knee. Painkillers will be available. Your surgeon may visit you to discuss the outcome of your operation. A physiotherapist will also visit you to guide you through exercises to get your joint moving. Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse, anaesthetist or surgeon. When you feel ready, you can begin to drink and eat, starting with clear fluids.

Going home

You will be able to go home once you have made a full recovery from the anaesthesia. However, you will need to arrange for someone to drive you home and you should have someone stay with you for the first 24 hours.

Before you go home, your nurse will advise you about caring for the healing wounds and will arrange a follow-up appointment for you.

After you return home

If you need them, continue taking painkillers as advised by the hospital. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

You will have a dressing and elasticated bandage over the knee joint. These apply pressure to assist with healing. The joint area needs to be kept clean and dry for about a week. You should use waterproof plasters over your healing wounds when you take a shower and avoid soaking your knee in the bath until the cuts are fully healed. For more information, please see the separate Spire Healthcare patient information leaflet *Caring for surgical wounds*. It's crucial that you continue with the exercises recommended by your physiotherapist, as these will aid healing and help you recover more quickly.

Your knee joint is likely to feel sore and swollen for at least a week. This can last longer if you have arthritis. Try to keep your leg raised up on a chair or footstool

Mr. Julian Owen

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