



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Arthroscopic Surgery to the Knee

Information for patients, relatives and carers

① For more information, please contact:

Telephone: 01904 725541

Trauma and Orthopaedics

The York Hospital, Wigginton Road, York, YO31 8HE

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Pre-assessment (prior to surgery)

Before your surgery we need to know about your general health. A telephone appointment will be arranged for you, to complete our pre-assessment health questionnaire. This can be a good time to ask questions and talk about any worries that you may have; for example regarding the anaesthetic or admission. You may need a blood test, a heart trace (ECG), an x-ray or other tests. Any tests that you need will be arranged.

If you are having an urgent operation, a health check will be done by your doctors and nurses on the ward.

If you have specific questions regarding your surgery/procedure you should discuss this with your surgeon.

Arthroscopy of the knee

Involves a full internal examination of your knee joint using a fine telescope inserted through a small cut below your kneecap. The operation is carried out under general anaesthetic. Your surgeon assesses any abnormality within your knee and will carry out 'key hole surgery' through another small cut.

This leaflet explains a little about what will happen before, during and after your operation on the ward. It tries to answer some of the questions you may have.

The doctors and nurses are there to help you. They will always make time to listen to you and answer your questions. If you do not fully understand anything about your operation, please ask.

If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment. We will rearrange your appointment. Our telephone number is 01904 725541.

Please help us to make sure that your surgery will go ahead by following these instructions:

You may know that it is risky to eat and drink before you have a general anaesthetic for surgery. BUT it can also be undesirable to have your operation when you are thirsty.

The following instructions are provided to encourage you to drink water, but not to eat for the correct time intervals.

Once you have been told your time to arrive at hospital, please follow the rules below:

- If your surgery is scheduled for the morning/day, you must not eat any food after midnight before the morning of your surgery. We encourage you to drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 7am.
- If your surgery is scheduled for the afternoon you may eat a light breakfast e.g. a bowl of cereal or a couple of slices of toast with tea/coffee (with milk) before 8am. You can drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 12 noon.
- If you are having only a local anaesthetic (with no sedation), Please eat and drink as normal before your admission.

- If the exact time of your surgery is not known or your surgery is delayed nursing staff will let you know what you can eat and drink and when. If you are on an all-day list, your surgery could take place at any time until 5pm. You can leave the ward to go for a walk, but you must let nursing staff know you are leaving the ward.
- Do bath or shower as usual before your appointment.
- Do bring a clean dressing gown with you if you wish.
- Do keep all jewellery at home, apart from your wedding ring.
- Make-up and nail varnish must be removed before surgery. Please bring varnish remover if necessary.
- Do bring something to help pass the time while you wait on the Day Unit or ward, e.g. books, magazines.
- Do arrange for an adult to accompany you home and to stay with you for 24 hours following surgery.
- Do arrange your transport home. Car parking is limited at York Hospital.
- Remember you **MUST NOT** drive for at least 24 hours following a general anaesthetic.

What happens when I arrive on the ward?

The nurses introduce themselves to you and explain what will happen to you during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you.

The surgeon will check your details with you and ask you to sign the consent form (reference FYCON36-1 Arthroscopic Surgery to the knee) (if you have not done so already) saying that you:

- Fully understand your operation and anaesthetic
- Fully understand the risks and benefits
- Are aware of the alternatives and
- Agree to have the operation.

The surgeon will examine your knee and mark the leg to be operated on.

Please ask if there is anything you do not fully understand about your treatment or if there is anything you are uncertain about.

What happens before surgery?

You are asked to change into a theatre gown and one of our dressing gowns. You may prefer to bring your own but it must be clean as you are going into an operating theatre area.

You will be taken to the operating theatre where your identity is checked as part of the safety procedures.

The surgeon will examine your knee and mark the leg to be operated on.

What kind of anaesthetic will I have?

You will have a general anaesthetic, which means that you are asleep during your operation. Your anaesthetist will speak to you before your operation to discuss any concerns you may have and check when you last had something to eat or drink.

You may receive a leaflet with more information about your anaesthetic or you can find more information from the Royal College of Anaesthetics online.

What happens during my operation?

When you are asleep, the surgeon examines your knee joint with your muscles relaxed to assess its stability. He or she makes a small cut in the outer side of your knee below your kneecap. A telescope is inserted through this cut into your knee cavity. The joint is filled with fluid to give the surgeon a better view.

The surgeon sees a magnified video picture of your knee joint on a TV monitor.

Fine instruments are passed into your knee through a second cut on the inner side of the joint. The surgeon examines the joint lining (synovium), the weight bearing surface (articular cartilage), the inner and outer 'shock absorber' cartilages (menisci), and the internal cord ligaments (cruciate ligaments). Any surgery which may be necessary, will be carried out. Sometimes a third small cut is required.

At the end of the operation your joint is washed out with salt solution and the cuts are closed with internal or external stitches or paper strips. Dressings and a thick bandage are applied.

Are there any risks involved in having arthroscopic knee surgery?

- Very rarely (in fewer than one in 200 cases) a superficial wound infection occurs which usually responds to a short course of antibiotics.
- Rarely, a larger cut is required to investigate or repair knee joint problems. If this occurs, you may need to stay in hospital overnight.
- Sometimes problems are discovered which cannot be treated at the time. These may have resulted from joint 'wear and tear', which cannot be repaired, or conditions that require more major surgery at a later date.
- Scar (portal) bleeding and pain.
- A blood clot that develops in one of the limbs – known as deep vein thrombosis (DVT), it can cause pain and swelling in the affected limb (in less than one in 100 cases)
- Pulmonary embolism. This is a blocked blood vessel in your lungs. It can be life-threatening if not treated quickly.
- Bleeding into the knee which often causes severe pain and swelling (less than one in 100 cases)
- Accidental damage to the nerves near the joint which can lead to temporary or permanent numbness and some loss of sensation (less than one in 100 cases).

If you are concerned about any of the risks, please speak to your surgeon.

What are the benefits of arthroscopic knee surgery?

Arthroscopy helps with diagnosis and treatment of knee symptoms, and provides pain relief. Having an Arthroscopy usually means that you can avoid having a major operation in which the surgeon makes a larger cut to your knee. You generally stay in hospital for a much shorter period and recover from your operation more quickly and with fewer complications.

What are the alternatives to arthroscopic knee surgery?

A Magnetic Resonance Imaging (MRI) scan of your knee can show soft tissue abnormalities which cannot be seen on an ordinary x-ray but surgery is still required for treatment.

What happens after my operation?

After surgery you are taken to the recovery area where a nurse will monitor your progress. When the nurse is happy with your recovery, you return to your trolley or bed in the ward area. When you are able to sit up you will be offered a drink.

A physiotherapist will assess the strength and function of your knee and show you exercises to build knee strength and mobility when you are at home. You will find information about these exercises at the end of this leaflet.

When can I go home?

You will be able to go home with an adult who can look after you when it is felt you are ready, usually within four hours of your operation. You must be able to walk safely and comfortably.

Your surgeon will discuss the findings of your operation with you before you go home.

Remember you must not drive or use public transport.

Before you leave the ward

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you the necessary follow-up papers and appointments. Please ask if you are unsure of any of the instructions.

You will be given a support bandage, which you may put on your knee 24 to 48 hours after your operation. You may wear this bandage for up to five days.

How will I feel after my operation?

You can expect some swelling and discomfort for the first few days. This usually settles in about ten days and can be helped by taking anti-inflammatory tablets and or applying an ice pack to your knee. The small cuts usually take about ten days to heal.

Some mild discomfort and swelling around the scars, and difficulty in achieving full knee bends can be experienced for up to three months following the operation.

When will my stitches be removed?

The small cuts made during surgery are rarely closed with stitches. Sometimes paper strips are used. The small waterproof dressings and papers strips (Steristrips) may be removed at 10 days. Any external stitches will be removed in the outpatient clinic or by the practice nurse at your doctor's surgery after 10 days. Arrangements for this will be made before you leave the Day Unit or ward.

How soon can I resume my normal activities?

You may return to work, leisure and sports activities when you feel confident that you can carry them out safely and with minimum discomfort. You may resume normal activities as soon as you feel safe and comfortable to do so. Many patients return to work and leisure activities with seven to ten days of surgery. For others it can be up to four weeks before they feel confident to resume sporting activities.

If you need a sick note please speak to the staff on the Unit.

You may bath or shower but you must keep your wounds dry for 10 days.

You should not drive a car or ride a motorcycle for at least 24 hours following your general anaesthetic.

When you do drive again, you should be confident that you are safe to do so. For example, you should be able to perform an emergency stop.

What should I do if I have problems or worries about my operation after going home?

Please contact the Day Unit, the ward you were discharged from or your own GP. There are some telephone numbers at the end of this leaflet.

Exercises following your arthroscopy

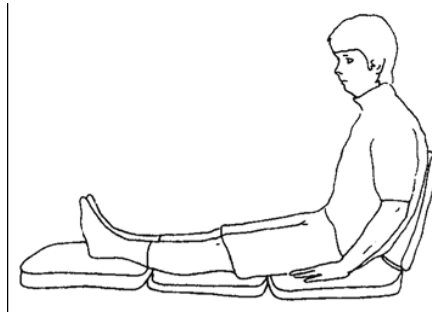
The physiotherapist may assess you before you leave the ward. You will be given information regarding exercises to build your knee strength and mobility when you get home. **If your knee becomes painful or swollen, support your leg and rest it.**

If necessary, you will be referred to the Physiotherapy Department for treatment as an outpatient.

Three important exercises that you should do at home are described in this leaflet.

1. Strengthening your thigh muscles

Sit with your legs straight out in front of you. Move your toes towards your knee. Push the back of your knee down by tightening the muscles at the front of your thigh and hold that position for five seconds. Repeat this exercise 10 to 20 times.



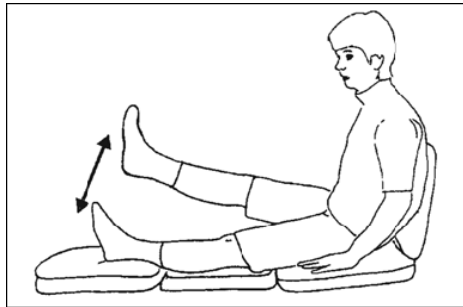
2. Bending your knee

Sit on a firm chair. Gently bend your knee as far as you can comfortably. Straighten your leg slowly. Repeat this exercise 10 times.



3. Straight leg raising

Sit with your legs straight out in front of you. Move your toes towards your knee. Push the back of your knee down by tightening the muscles at the front of your thigh and raise your straight leg 10 to 12 centimetres (four to five inches). Hold your leg still and lower it slowly. Repeat this exercise 10 to 20 times.



Useful telephone numbers

If you cannot keep your appointment	01904 725541
Day Unit York Hospital	01904 726010
Extended Stay York Hospital	01904 721265
Orthopaedic Clinic York Hospital	01904 726537
Ward 29 York Hospital	01904 726029
Short stay and day surgery Bridlington Hospital	01262 423134
Orthopaedic surgery (Kent Ward) Bridlington Hospital	01262 423110

Please use this space to make a note of any questions you have.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr A J Gibbon, Consultant Orthopaedic and Specialist Knee Surgeon, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725946.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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Owner	Mr A J Gibbon, Consultant Orthopaedic Surgeon
Date first issued	April 2001
Review Date	June 2024
Version	5 (issued June 2021)
Linked consent form	FYCON36-1 Arthroscopic surgery to the knee v3
Approved by	Orthopaedic MDT
Document Reference	PIL 68 v5

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