

PATIENT INFORMATION

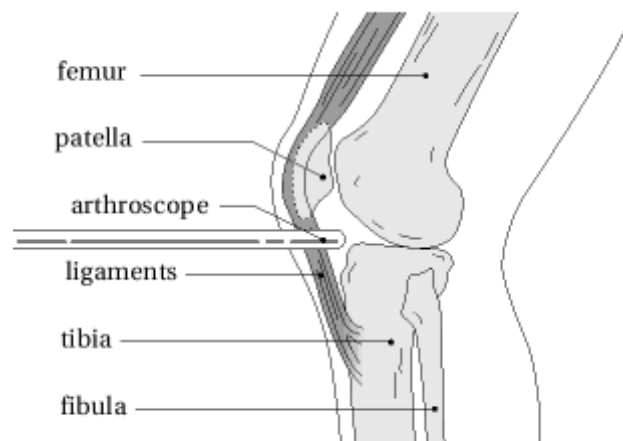
Arthroscopy Advice Sheet

Arthroscopy is a "keyhole" operation that is used to look inside and treat joints, especially the knee joint.

It is performed through very small incisions in the skin, using a narrow telescope (arthroscope) attached to a video camera. Compared to open surgery, which involves a larger incision, keyhole surgery is less painful, carries less risk of infection, and enables people to recover more quickly.

An arthroscopy may be used to investigate knee problems, treat conditions such as arthritis and inflammation, take small samples of tissue, or repair damage to tissues and cartilage. The procedure can be done as a day case - without the need for an overnight stay in hospital. You will be seen by a Physiotherapist who will give advice on mobility and exercises and may provide you with a walking aid.

The surgeon will be able to explain how the benefits and risks apply to you.



Arthroscopy of the knee

The operation

An arthroscopy is most often performed under a general anaesthetic as a day case. The operation can last from 30 minutes to over an hour, depending on how much work the surgeon needs to do inside the joint.

2 or 3 small incisions (around 5mm long) are made in the skin around the joint that is being treated. Sterile fluid is pumped inside to help produce a clearer picture of the inside of the joint and the arthroscope, which is about the thickness of a ballpoint pen, is inserted.

The surgeon will then view and probe the joint, looking directly through the scope or at pictures it sends to a video monitor. If necessary, other instruments can be inserted to repair damage or remove material that interferes with movement or causes pain. The fluid is drained out of the joint at the end of the procedure. The incisions are closed with steristrips or stitches.

What to expect afterwards

Following surgery, you will be transferred to the recovery ward before going home. The knee may feel stiff and sore, and you will be given painkillers when you are discharged. You may need to use crutches for a short time. If you do use a walking aid, this should be used in the opposite hand to the operated leg and discarded once your pain has settled.

You may need to limit your activity in the early days and avoid any strenuous exercise, lifting or carrying. Driving should be avoided for the first 48 hours. There will be a bulky dressing on your knee. This can be removed after 24 - 48 hours and you will be given an elasticated bandage (tubigrip) to put on instead, as well as a change of showerproof dressing. The tubigrip will provide compression to support the joint and limit swelling. Please remove the tubigrip at night.

The joint area will need to be kept clean and dry for about a week. Soaking the joint in the bath should be avoided until wound healing is complete. Dressings can be removed after 7-10 days or as advised by Nursing Staff. If there are stitches, the nursing staff will advise you to see your practice nurse to have them removed. Exercises recommended by the physiotherapist are a crucial part of the recovery process, so it's essential to continue with them as directed. Elevating the limb when resting may help to minimise swelling, but you must take the leg down periodically to practice bending the knee.

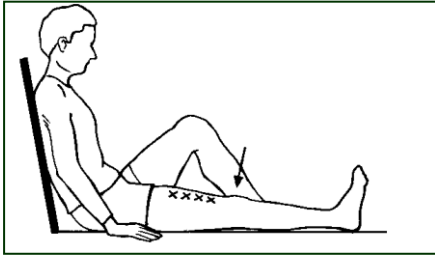
Discomfort and swelling is normal and may persist for several weeks after surgery. You may be advised to take 1-2 weeks off work, although you may require longer if your job involves bending, lifting, or carrying.

Precautions

If you get excessive swelling, redness or pain in your calf, please seek medical advice.

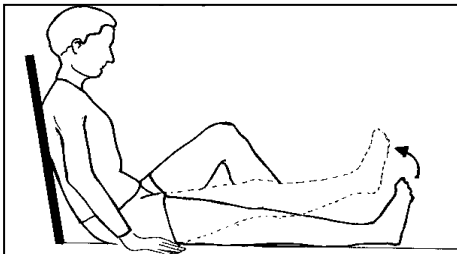
Exercise Guide – Repeat exercises 3-4 times a day or as instructed.

Static Quadriceps



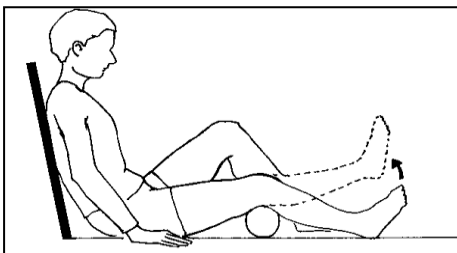
Press the backs of your knees on to the bed as firmly as possible to tense up the thigh muscles. Hold for 3 seconds and relax. Repeat 10 times

Straight Leg Raise



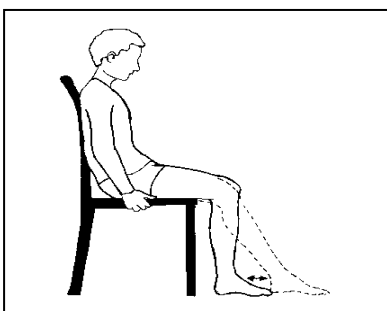
Tense your thigh muscle. Keep your knee as straight as possible, pull your foot towards you and lift your leg 6 inches off the bed. Lower slowly. Repeat 5 times

Heel Lifts



Place a rolled-up blanket under the knee and allow the knee to bend and the heel to rest on the bed. Keeping the knee on the blanket, tense the thigh muscle and lift your heel off the bed. Try to straighten the knee as much as possible and hold for 2-3 seconds. Lower slowly. Repeat 10 times.

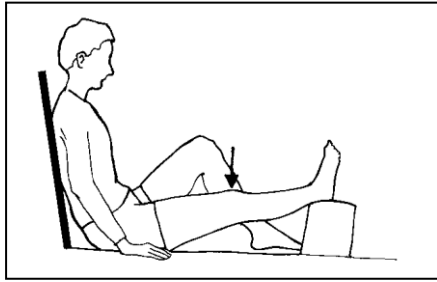
Knee Flexion



Sit with the thigh well supported. Slowly slide your foot backwards, bending at the knee. Keep your bottom and thigh still. You should feel a stretch in the thigh and knee. This may be painful, but it will not damage your knee. Try to push further each time.

Repeat 10-15 times, 1-2 hourly

Passive knee stretch / Knee hang



It is important to regain full extension of your knee as well as flexion. Place your heel on a block or rolled up towel so there is no support beneath it, let the knee “hang” for 3-5 mins or as tolerated.

Repeat 4-5 times a day or as necessary to get your knee straight

Stairs Advice.

Going Up

- Use handrail, if possible, for more stability.
- Step up using “good”/non-operated leg.
- Bring operated leg and walking aid up onto same step.

Coming Down

- Use handrail, if possible, for more stability.
- Place walking aid on next step down.
- Step down onto operated leg.
- Support weight using arms and bring “good”/non operated leg down to same step.

You may progress on to do the steps one after the other in your own time. This will be dependent on your pain, swelling and range of movement.

If you have any further Physiotherapy queries, please contact the office on **01803 654528**. If we are unable to take your call, please leave a short message, with contact details, on the answer phone and we will return your call as soon as possible.

Physiotherapist..... Date.....

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.