

# Knee arthroscopy

## Physiotherapy Department



**Patient information leaflet**

## What is a knee arthroscopy?

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A knee arthroscopy is a type of keyhole surgery performed through small cuts in the skin. An instrument called an arthroscope is connected to a small video camera and inserted into the joint allowing the surgeon to look at the inside of the knee without performing open surgery.

The purpose of the operation is sometimes just to find the cause of the problem. However, beneficial procedures can be performed depending on the problems found.

These include:

- **Debridement and washout:** Removal of torn cartilage, inflamed synovial tissue and smoothing of bone spurs (osteophytes) and the joint is 'rinsed' with saline
- **Meniscectomy:** Trimming of torn meniscus/cartilage inside the knee joint
- **Removal of loose body:** Removal of debris from within the joint
- **Ligament release:** The partial release of the ligaments to either side of the knee joint, to allow the joint to move more freely

## What are the alternatives?

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Not everyone with a knee problem will need to have an arthroscopy. X-rays and MRI scans can be used to help identify problems in the knee joint. An arthroscopy is just one way of identifying, and sometimes treating, any long standing or underlying problems.

In many cases, physiotherapy can be helpful in relieving symptoms without the need for an operation. Your orthopaedic doctor will decide which treatment is most appropriate for your condition.

## Are there any risks or complications?

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Complications during and following this procedure are unusual. However, they can include:

- **Haematoma:** A build-up of blood within the joint, which can be painful and may require surgical drainage.
- **Deep vein thrombosis (DVT):** The development of blood clots in the legs carries a 1% risk. This can be avoided through regular pumping movements of the ankle.

If you notice a tight, painful, red, warm area in your calf, see your GP as soon as possible or attend Accident and Emergency.

- **Infection:** Signs and symptoms of an infection of the joint or wound sites include:
  - Spreading redness
  - Increased swelling
  - Increased pain causing difficulty mobilising
  - Oozing and/or odour from the wound
  - Increased heat to touch

If your wound becomes red, swollen or very tender, or develops a discharge, please contact your GP.

- **Nerve damage:** Damage to the skin nerves over the kneecap can occur, leading to small areas of numbness.
- **Soft tissue damage:** Damage to the structures in the knee including the cartilage, tendons and ligaments.

## Will it hurt after the surgery?

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You will have a local anaesthetic injected into the joint to keep your knee comfortable after the procedure. Once the local anaesthetic has begun to wear off (later the same day) you will need to take painkillers for a few days.

## What happens to the dressings?

The wounds are usually sealed with steristrips (adhesive surgical tape) and covered in plasters. The knee is then covered with a thick bandage. The bandage can usually be removed at 48 hours following surgery.

The wounds underneath must be kept covered, clean and dry until they have healed. You can then peel off the steristrips and replace with a plaster if needed. The nursing staff will inform you of when these can be peeled off. If you have stitches the nursing staff will inform you of arrangements to get these removed.

## Will the knee be swollen?

Some swelling of the joint is to be expected for a few days; this is temporary. To reduce the swelling elevate your knee higher than your heart. Keep in this position for at least 15 minutes. Repeat as often as possible.

### **Icing regularly will also help swelling**

Wrap 1 large pack of frozen peas in a damp tea towel and place over the knee covering the swelling. The bag should extend 3 inches above the knee cap.

Leave for 15-20 minutes. Repeat 3-4 times a day.

Replace the bag in the freezer to use only for the knee again.

### **Do not use ice if you have circulatory or sensation deficits.**

Try to do as many ankle movements as you can manage. This helps to improve the general leg circulation which in turn reduces swelling.

## Will I be able to walk normally after the surgery?

It is expected that you will be able to walk normally after your surgery. You are advised to get up and about on the day of surgery. You may need to use walking aids depending on what procedure has been performed or temporarily due to pain.

## **Climbing stairs when using crutches**

Use the aid of a bannister if possible. Hold onto the bannister with 1 hand and have the crutch in the other hand. Climb the stairs using the good leg first then the operated leg (ensuring the whole foot is flat on the step) and then the crutch.

On descending the stairs the order is the reverse, crutch then operated leg then good leg.

Avoid kneeling and strenuous exercise for 4–6 weeks following surgery.

## **When will I be seen again?**

You will not routinely receive physiotherapy post operatively. However the surgeon may recommend this postoperatively depending on the findings during the surgery. If this is the case a referral will be arranged for you at your local hospital.

You will be sent an appointment to see the surgical team in the orthopaedic outpatient clinic a few weeks after your surgery.

## **Are there any exercises I should perform after the surgery?**

It is important to perform these exercises with your operated leg regularly as pain allows for the following 6 weeks post surgery.

### **Exercise 1: Static quadriceps**

Lying on your back with your legs out in front of you, pull your ankles towards you and push your knee down firmly against the bed.

To help straighten the knee, roll a small towel and place under your heel.

Hold for 5 seconds and then relax.

**Repeat 10-20 times, 4 times a day.**



### **Exercise 2: Knee bends**

Lying on your back, bend and straighten your leg as much as comfort allows.

You may be restricted by the dressings initially.

**Repeat 10-20 times, 4 times a day.**

Try this then in sitting.



### **Exercise 3: Heel digs**

Lying on your back with your knee bent. Push your heel into the floor/bed as though trying to bend the knee. The muscles at the back of the thigh will tighten.

Hold for 5 seconds and then relax.

**Repeat 10-20 times, 4 times a day.**



### **Exercise 4: Straight leg raise**

Lying on your back, exercise your leg by pulling the toes up, straightening the knee and lifting the leg 20cm slowly off the bed.

Hold for 2-3 seconds. Slowly lower your leg.

**Repeat 10-20 times, 4 times a day.**



### **Exercise 5: Inner range quadriceps**

Lying on your back, put a rolled towel under your knee.

With your knee resting on the pillow straighten your knee slowly by contracting your thigh muscle keeping your toes pulled up towards you.

Hold for 2-3 seconds and slowly relax.

**Repeat 10-20 times, 4 times a day.**



### **When can I go back to work?**

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You are advised to take at least two days off work to allow you to recover from your anaesthetic. If your job is manual or involves kneeling, you may be signed off work for two weeks. Please be advised by the nurses who can provide you with a doctors certificate if required.

### **When can I drive?**

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You must not drive for at least 24 hours after a general anaesthetic. Driving is usually possible after a few days to a week when your knee is feeling more comfortable.

It is your responsibility to make sure you can operate the pedals with control and without pain and be able to perform an emergency stop safely. The Driving Licence Vehicle Authority advice is to contact your insurance company to inform them when you are driving again.

### **Reference sources**

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- [www.nhs.uk/conditions/Arthroscopy](http://www.nhs.uk/conditions/Arthroscopy)
- [www.nice.org.uk/guidance/IPG230](http://www.nice.org.uk/guidance/IPG230)

## Contact details

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**For further information or advice, contact**

### **Day Surgery Unit**

**Telephone:** 01483 406783, Monday–Friday

### **Surgical Short Stay Unit**

**Telephone:** 01483 406828, Monday–Friday

### **Physiotherapy Department**

**Telephone:** 01483 464153, Monday-Friday

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## **PALS and Advocacy contact details**

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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