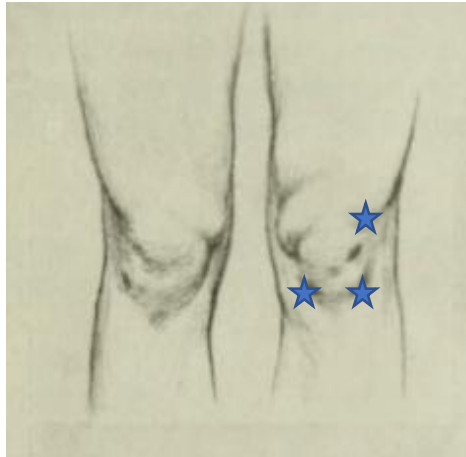


Knee Arthroscopy – Dr Sarah Watts

Introduction

A knee arthroscopy is “keyhole” surgery to the knee joint. The surgery is done through two or three small “keyhole” incisions.



Arthroscopy is a surgical procedure usually performed under a general anaesthetic. It is usually done as a day case, which means you can go home afterwards, and don't need to stay the night in hospital. Sometimes it is necessary to stay overnight afterwards, which can be discussed with Dr Watts at your appointment.

Procedure

When you are asleep, Dr Watts will place a tourniquet on your thigh (much like a blood pressure cuff). Your leg will be prepped, draped and prepared for surgery. Two small incisions are made on either side of the knee cap (see the stars in the picture above). The incisions are approximately 1cm long. Sometimes a third incision is required. A telescopic camera is introduced to one of the portals and the tiny arthroscopic instruments go through the other. The doctor can view the inside of your knee, through the camera, which is projected onto a television screen in the operating theatre. Doctor usually takes some photos of the inside of your knee for you to see afterwards. Once the work is done, the knee is flushed out. A single nylon stitch is placed in each portal wound. Dressings and local anaesthetic are used to address the wounds.

Many different jobs can be done to the knee arthroscopically. Mechanical complaints (catching, clicking, locking, jamming, sharp pain) are usually suitable for arthroscopic intervention.

These include :

- Treatment of meniscal tear – removal, suture repair or debridement
- Cartilage procedures
- Removal of loose body
- Synovial procedures – synovectomy and debridement
- Treatment of osteochondral injuries and microfracture
- Lateral release
- Release of plica
- Certain diagnostic procedures to inspect the joint
- Treatment of sepsis and infection

Arthritis cannot be treated by arthroscopy. Wear and tear of the cartilages (arthritis) is there to stay, once it has commenced. Doctor will assess the level of arthritis in your knee, and grade its severity during the surgery. If photos are taken, it is usually possible to see the arthritic changes present.

Depending on the work that has to be done, the procedure can last from approximately 30 minutes to around one hour.

Recovery

After the procedure, you will be able to mobilise. Most people can walk, but their knee feels a bit sore, swollen and stiff. Mostly it is more comfortable for you to use crutches, at least for the first few days. Crutches are not essential, and some patients can walk comfortably without.

Usually, you will be able to weight bear, but if this is not possible, you will be advised before you go home.

You will have two small wound stickers (usually primapore 7.2 x 5cm) over the surgical incision points. Over the top of the stickers is soft wool padding and a crepe bandage. The whole knee needs to be kept clean and dry for two weeks after surgery.

Try and keep the outer bandage on for at least 2-3 days, and it can be removed after that time if it is slipping down or loose. It can be replaced again if this is more comfortable for you. The stickers (primapore) should be left intact until you see the doctor again at the 2 week mark. The stitches get removed at the two week mark. After that point (2 weeks) you can return your knee to the bath or shower.

You will be given a supply of analgesia to take when you get home. It will be strong enough for post operative levels of pain.

If you are required to take blood thinning medication – it will be provided for you in the discharge script.

Time off work depends on the kind of job that you do. Most people recovery very well over the first 1-3 weeks. Some very sedentary workers and people who can do light work from home return to light duties within a few days. Most office workers return within two weeks. More active occupations such as tradespersons, fitness industry workers and outdoor workers may take 4-6 weeks to return to activities. More vigorous activity and sporting pursuits are usually resumed within 6-12 weeks.

Complications

Arthroscopy is a very safe procedure. Complications are uncommon.

Some complications include:

- Infection can occur even with preventative measures (antibiotics, antiseptic, surgical sterilisation). Usually this is managed by antibiotics. Severe joint sepsis requires hospitalization, further surgery, and intravenous antibiotics.
- Small numb patches in the skin around the wound sites are actually common. It almost always improves with time and healing.
- Sometimes if the knee has already got arthritis pre-procedure, the arthritis can flare up for a few weeks after an arthroscopy. This can prolong post operative recovery and discomfort.

Complications that can occur with all kinds of surgical procedures

- Wound infection
- Pain or symptoms may persist.
- Thrombosis can occur in the veins of the legs. It can cause swelling of the foot and the ankle. Rarely, it can dislodge and travel to the lungs, causing serious medical problems.
- Bleeding or Neurovascular complications
- Abnormal wound scarring
- Anaesthetic and other medical complications - cardiac, pulmonary, neurovascular
- Death as a result of this procedure is extremely unlikely, but possible.
- Other complications unspecified.

