

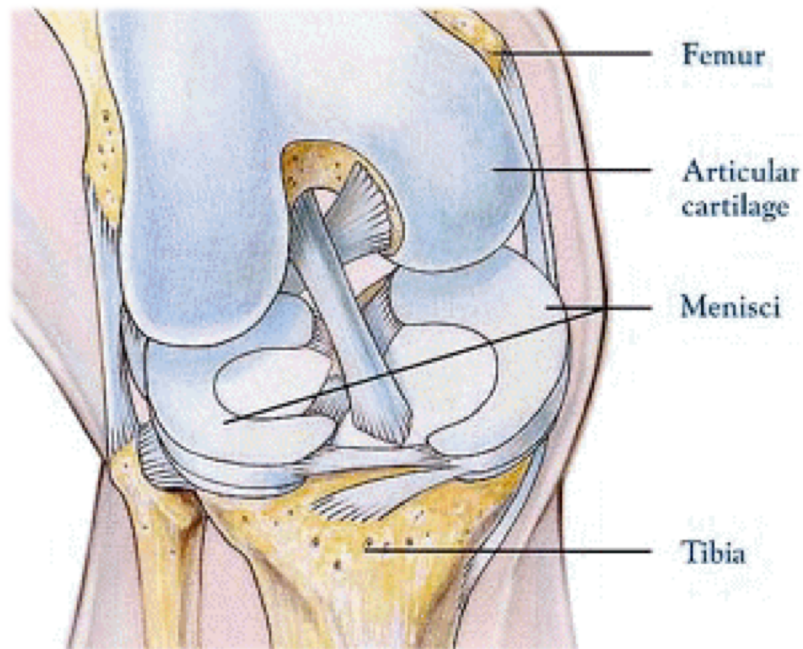
About Knee Arthroscopy

Why have I received this leaflet?

You have decided or are considering undergoing knee arthroscopy (key hole surgery). I will have discussed with you in clinic that knee arthroscopies are useful at directly looking at the structures of the knee. Many disorders which affect the knee joint can be treated at the same time as the cause is identified. I will have discussed the risks and benefits of this kind of surgery. This operation will not cure arthritis and in these circumstances, often the aim of surgery is to significantly improve but not necessarily cure the cause of pain. This leaflet is aimed to remind you of the important points discussed. Any further questions from yourself should be raised with relevant members of staff before surgery.

Why am I having an arthroscopy?

Following your consultation, a clinical diagnosis has been made with regards to your knee. It has been felt that you have a condition that would benefit from arthroscopy. Occasionally, an MRI scan has been performed to help reach this diagnosis. As knee pain is often poorly localised, it is not uncommon for the diagnosis to change following arthroscopy and often multiple problems exist most of which will be treatable at the time of surgery. Very occasionally, no problems are identified during the arthroscopy and the surgery becomes a diagnostic procedure only.



How do I get ready for surgery?

Following your consultation, you will be contacted by the pre-admission team. If appropriate, they will arrange for blood tests and other investigations to ensure that you are fit for surgery.

You will be given a date for your operation. If you cannot attend on that date please let me know immediately by calling my private secretary (Nuffield – Alex Appleyard 0113 3882138 / Yorkshire Clinic – Barbara Bell 01274 550859) so that an alternative date can be arranged. If you normally are prescribed Warfarin, Rivaroxaban, Clopidogrel or other blood thinners, you will be asked to stop this 5 days before surgery to reduce your risk of bleeding. You may continue your aspirin.

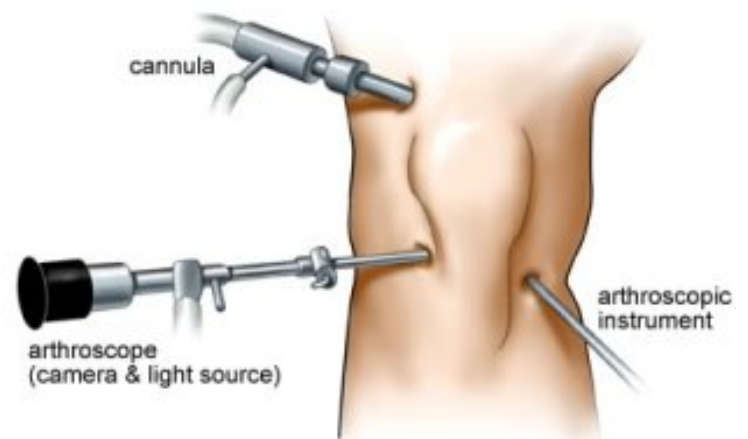
If you feel unwell in the days leading up to surgery or have any cuts, spots or infections on the same limb as that being operated on, please get in touch with my private secretary (Nuffield - Alex Appleyard 0113 3882138 / Yorkshire Clinic - Barbara Bell 01274 550859). We may need to delay your surgery. This is in your best interests.

What happens on the day of theatre?

You will be asked to come to the ward at a specified time. You need to have been starved (food and drink) for at least 6 hours. Please take your normal medication (except Warfarin, Rivaroxaban, Clopidogrel or other blood thinners) on the day of surgery with a small sip of water.

You will be seen by myself for consenting and marking. The anaesthetist will also discuss your anaesthetic.

Consenting for knee arthroscopy gives me the consent to perform relatively minor procedures within the knee which I feel are in your best interest. Examples would include tidying up of joint surface cartilage, excision or repair of meniscus, removal of loose bodies, microfracture. For some of these procedures, you will be asked to non weight bear up to 6 weeks with crutches; more commonly however you will be able to fully weight bear following the procedure.



Major procedures such as ligament reconstruction will have been discussed with you specifically and tend to be performed by specific surgeons. These therefore will not be performed unless previously discussed with you.

Following surgery, you will go to a recovery area, and then return to the ward. For the majority of patients, this is daycase surgery. Once fit for discharge you may return home. Please note that this may be before I have finished the operating list, so if you have not had the opportunity to discuss your arthroscopy findings, then there will be a further opportunity at your follow up appointment.

Do I always need to undergo surgery?

There is evidence that people over the age of 45 with degenerative change in their knee benefit from a period of conservative treatment. This involves physiotherapy and steroid injections and may include weight loss. This normally involves a period of 4 months from the date of injury or onset of symptoms. If symptoms fail to settle after this period, then surgery may provide an option to reduce symptoms. This will be discussed on an individual basis.

Following your operation

You are likely to be discharged home on the day of surgery once safe and comfortable to do so. **Please make arrangements for your discharge before you come into hospital.** You need to have someone stay with you or for you to stay with family or friends on at least the night after surgery.

You will be left with a compressive bandage which may be removed by yourself in 48 hours. Underneath this will be some dressings covering the stitches (often just butterfly stitches); these need to be left in place for 10-14 days at which point you will normally see me in clinic. You may be asked to make an appointment with the nurse at your local GP surgery if your outpatient appointment is more than 2 weeks.

Occasionally, patients are concerned about their progress at home. If you are concerned you have an immediate problem such as a leaky red wound, we would rather you phone the ward (Nuffield – Ingleborough Ward 0113 3882309 / Yorkshire Clinic - 01274 550817) to arrange to speak to somebody qualified to give advice.

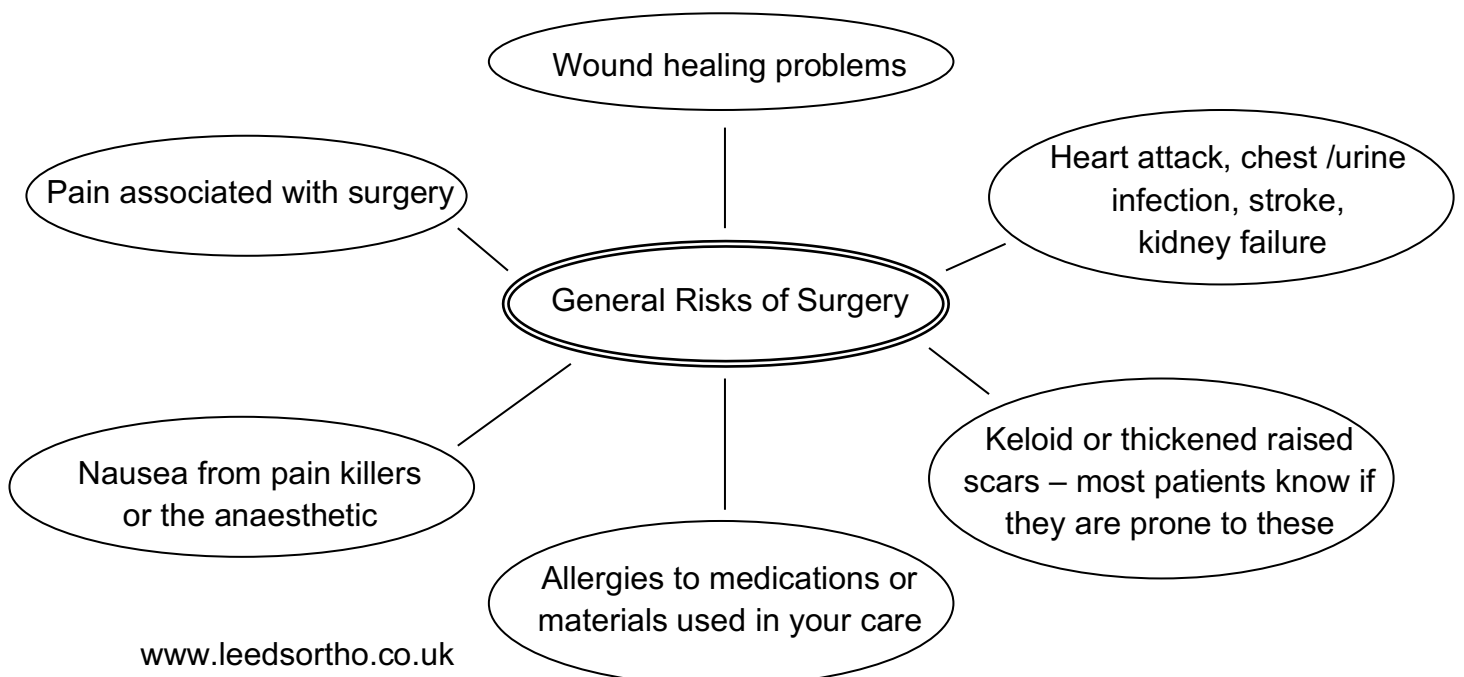
You will be off work for approximately 2 weeks by which time most patients are walking unaided. You may start to drive when you can safely and confidently perform an emergency breaking manoeuvre. Let your insurance company know.

You may have a graduated return to sport as you feel able and comfortable unless specifically advised.

It is common to feel pain in this knee for a couple of months post arthroscopy. Clicking may also be associated with this discomfort as the swelling in the knee subsides.

Are there complications of surgery?

As with all procedures, this carries some risks and complications.



Specific risks with arthroscopy:

- Infection – The wound sites may become red, painful and hot. There may be a discharge of fluid. These are signs of infection and you need to contact us as above urgently. This may require antibiotics or a washout of the knee. Risk 1 in 1,000.
- Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)
Blood clots can form in the deep veins of either leg. This can be life-threatening if they break away from the vein wall and travel in the bloodstream to block the arteries to the lung. Some swelling is normal following arthroscopy, however if you are concerned that this is excessive and painful, then you need to contact us urgently as above.
- Stiffness – This can be avoided by exercising your knee post surgery.
- Failure to improve symptoms

How will I be followed up?

Following discharge from hospital, you will be seen:

- At 2 weeks by myself or if the follow up is later by a nurse for a wound review or removal of sutures. You may be asked to make an appointment with your nurse at the local GP surgery.
- Follow up beyond this is dependent on your individual circumstances.

You have been given this booklet now to give you the opportunity to discuss any aspect of your care with myself, the pre-admission staff or anaesthetist before you undergo the procedure.

Mr. J. Hahnel
Consultant Orthopaedic Surgeon

March 2018