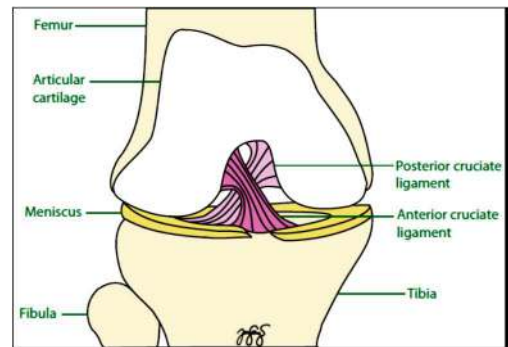


# Knee Arthroscopy Surgery

## The Operation

The knee joint is a hinge joint made from your femur at the top and the tibia at the bottom. Where these bones come in contact with each other they are lined with soft articular cartilage.

The menisci are soft cushions that help protect the articular cartilage from damage. They act as shock absorbers to the knee joint. Menisci can get torn from trauma or degenerate with time. Meniscal tears can sometimes be repaired, if the tear is in a particular area or pattern. Most Meniscal tears cannot be repaired and instead need to be trimmed (called a meniscectomy).



To perform an arthroscopy, 2 – 3 small incisions (1 cm in size) are made at the front of your knee. Through these holes, the arthroscope (camera) and surgical instruments are passed into your knee joint to perform the operation. The arthroscope enables direct vision throughout the knee joint to assess and treat conditions such as meniscal tears, articular cartilage damage and removal of loose bodies.

At the end of the procedure, local anaesthetic is injected into the knee to help with pain and the small holes are closed with either Steri-Strips or sutures.

## Anaesthetic

Knee arthroscopy is performed under general anaesthetic (you are asleep for the surgery)

## Length of Stay in Hospital

The procedure usually takes about 20 minutes and you can go home a few hours later, after you have recovered from the anaesthetic.

## After the procedure

It is normal to feel discomfort and some swelling in the knee, thigh and calf. Crutches are helpful for a few days after surgery, and it may be most convenient to borrow them from the local chemist so that you can easily return it if necessary. The hospital also sells or hires them for a reasonable cost.

## Appointment after surgery

You will be seen by Mr Tran the following week after surgery. All the details of your surgery will be discussed and you will be provided with your operation report and pictures.

## Potential risks and complications of knee arthroscopy

All surgery has potential risks and complications. Problems following knee arthroscopy are rare, but it is important that you understand the risks, complications and alternative treatments before having any type of surgical procedure.

### The potential risks include:

- Risks of undergoing General Anaesthesia.
- **Infection.** This is very rare and usually treated with antibiotics and repeat arthroscopy.
- **Complex regional pain syndrome.** Rare abnormal pain response to surgery which may be prolonged and require physiotherapy and chronic pain therapy.
- **Deep Venous Thrombosis or Pulmonary Embolism.** Clot in the calf or lungs.

## Post-operative Care Information

### **Immediately after the Surgery**

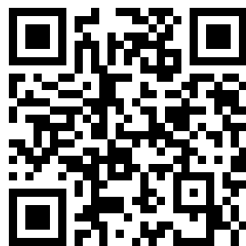
- **Walking.** You will be walking with the assistance of crutches for a few days. Try to walk slowly and evenly on each leg. It is important that your walking pattern is as close to normal as possible (ie. Try to avoid limping).
- **Crutches.** The physiotherapist will provide you with crutches (if you do not have your own) and show you how to use them properly. You can wean off the crutches as soon as desired, as long as you are not limping – often after a few days.
- **Pain.** You might experience some pain or tightness around the site of the incision. Most patients feel that the pain of the surgery was much less than anticipated. Ice packs, Panadol and Mobic can help relieve the pain.
- **Swelling.** Apply ice to your knee for 20 minutes every 2 hours. Elevate the leg regularly to reduce the swelling around your knee. A compression bandage or sports compression pants can be worn to reduce the swelling in the knee.
- **Signs of Infection.** Observe the wound for any signs of infection (increasing pain, redness or swelling). If you are concerned, please contact us.

### **Recovery after Surgery**

- **Walking.** Start with a short continuous walk (5-10 minutes) and each day gradually increase the amount of time you spend walking. The aim is to be able to walk continuously for 30 minutes.
- **Cycling.** Stationary cycling on a exercise bike can be very useful after surgery, can be started 1 –2 days after surgery. 20 minutes once or twice per day on low resistance and then icing afterwards.
- **Jogging and Running.** After about 4 weeks and light jogging can start.
- **Work.** Return to work will depend on your pain and required activity.

- ◇ Office Duties: 1 -weeks
- ◇ Manual Work: 2 - 4 weeks

For more information on knee arthroscopy  
[www.phongtran.com.au/knee-arthroscopy](http://www.phongtran.com.au/knee-arthroscopy)



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