



Knee Arthroscopy

What is a Knee Arthroscopy?

Arthroscopy uses a very small camera to look inside a joint. The camera is inserted through a small incision and allows the surgeon to see all of the knee structures. As the surgeon moves the arthroscope around, magnified views are shown on a TV screen. The surgeon can then perform any necessary procedures inside the knee such as trimming or repairing a torn meniscus, performing a lateral release, micro-fracturing damaged bony (articular) cartilage, and cleaning up the joint spaces by removing floating particles of bone or cartilage.

Diagnosis:

- The surgeon will diagnose your knee injury by taking a detailed history of how it occurred and by completing a careful physical examination. The surgeon may also order x-rays to assist with making this diagnosis. Once the diagnosis is made the surgeon will discuss treatment options with you. Many different problems inside the knee joint can be treated via arthroscopy.
- MRI (magnetic resonance imaging) is only used when the diagnosis is still in question, the extent of damage is unclear, or to assess the amount of damage to other structures (e.g. other ligaments or bones).

Why have a Knee Arthroscopy?

- To decrease knee joint pain
- To prevent further episodes of knee catching or locking
- To complete other procedures inside the knee such as a lateral release, microfracture or meniscal repair

Options other than Surgery

- Your surgeon may recommend non-operative treatments such as physiotherapy, bracing, lifestyle modifications, injections or medications to treat your injury. Surgery is not usually recommended until after non-surgical treatments have been tried. Some conditions such as osteoarthritis may not benefit from knee arthroscopy.

Surgery Timing

- We recommended all patients stay as active as possible before surgery by following the pre-surgery rehabilitation program. This will allow you to improve or maintain range of knee motion, improve your strength and balance, and build your endurance by doing non-impact sports (biking, swimming, elliptical). Regaining strength, increasing movement in your knee, and maintaining your fitness will prepare you for surgery and will also help you to recover faster after surgery.
- If your knee symptoms improve significantly while you are preparing for surgery and you would like to discuss non-operative management of your knee problem please call the office (403 760 2897) to arrange a follow-up appointment before your surgery date.

The Procedure

- After an appropriate anaesthetic has been administered, your leg will be washed and covered with sterile drapes. A camera (arthroscope) is inserted into the knee joint through a small incision. The surgeon will then assess all the structures in your knee.

- Through a second small incision the surgeon can put other instruments into your knee to perform procedures such as trimming, cleaning up and repairing of meniscus or cartilage.
- Other procedures such as a lateral release, meniscal repair, or microfracturing can be done if the surgeon sees injuries that need these treatments .

RISKS OF SURGERY

- *Risk of Infection: less than 1 in 100*
 - Intravenous antibiotics are given before and after surgery to help prevent infection.
 - If an infection occurs, it will usually happen within 5-7 days of your surgery. Some minor wound infections can be treated with a short course of oral antibiotics, whereas more severe wound or skin infections may require a longer course of intravenous antibiotics. In less than 1 in 400 cases, a deep infection can occur in the joint. In these cases, surgery is required to wash out the infection, followed by 4-6 weeks of intravenous antibiotics.
- *Risk of Clot in Leg Veins (deep vein thrombosis): less than 1 in 100*
 - If severe calf, ankle and foot swelling occurs 3 days to 2 weeks after surgery, you could have a clot in a deep vein of your leg (DVT). See a doctor as soon as possible. Treatment for a blood clot is usually blood-thinning medication (anticoagulants) for 3-6 months.
- *Risk of Clot in Lungs (pulmonary emboli): less than 1 in 500*
 - It is possible for a blood clot to travel to your lung; this is called a pulmonary embolism. If you suddenly get short of breath or have chest pain go to the nearest emergency room or call 911. A pulmonary embolism is a medical emergency and can cause death.
 - In certain patients with risk factors for a blood clot, preventive blood thinners will be prescribed for a short period of time after surgery
- *Risk of Skin Numbness around Incision: very common*
 - Every patient gets some numbness around their incision because some small surface nerves are cut during surgery
- *Risk of Persistent Swelling and Pain: less than 5 in 100*
 - In a small percentage of cases, persistent, non-localized pain and swelling develops after surgery; these symptoms may respond to anti-inflammatory medications, physiotherapy, cortisone or viscosupplementation injections
- *Risk of Failure to relieve symptoms: 5-10 in 100*
 - Depending on your injury, your symptoms may only be partially alleviated or not decreased at all following knee arthroscopy

Your Stay in Hospital

- You are not allowed to have anything to eat or drink after midnight (24:00) before your surgery.
- If you have prescribed medications you need to take each day, the nurse from the Pre-Assessment Clinic will give you instructions before your surgery about if and when to take them.
- You will be admitted to the hospital on the day of your surgery. Your admission time will be approximately 3-hours before your actual surgery time. Report to the Front Desk of the Banff Mineral Springs Hospital, unless instructed otherwise. Your surgery will take ½-1 hour.
- Your total hospital stay will be approximately 4-6 hours. Please bring something to read or occupy yourself with while you are waiting. Make sure that your driver is aware of this time frame.

- The knee arthroscopy procedure is usually done with a local anaesthetic (with or without sedation), but spinal and general anaesthetic can also be used. Your anaesthetist will discuss these options with you on the day of surgery.
- You will be able to go home the same day as your surgery, as long as your pain is well controlled. If needed you may stay in hospital for 1 night after surgery.
- Please do not go to the dentist two weeks before, or up to six weeks after surgery, as this can increase your risk of infection after surgery.
- If you have insurance forms please bring them to our office on the day of, or before your surgery. This will ensure your forms are completed and posted back to you as efficiently as possible. Alberta Health Care does not cover the cost of completing insurance forms and a fee will be charged.

Other Costs

- Crutches are not usually necessary, but if needed they can be purchased at the Banff Mineral Springs Hospital. If you bring your own with you please make sure they are clearly labeled.
- Cold Therapy Unit - is used to help control pain and swelling after the surgery. This unit can be purchased from our office by ordering at least a week before your surgery. The order form is included in this package
- Brace - in the majority of cases a brace is not used after surgery unless other ligaments or tissues are repaired.

Postoperative Pain Control

- Rest, ice, compression, and elevation of your surgery leg
- Your surgeon will give you medication recommendations after surgery. You may be given a prescription for pain medication or recommended to take a pain relief medication such as Tylenol. You may also be told to take an anti-inflammatory medication along with your pain medication. If you have any questions about medication please ask your surgeon.

Postoperative Wound Care

- The nurses will check the dressing on your knee before you go home, and replace it if necessary. You should take this dressing and the bandage off four (4) days after your surgery. If the tensor bandage on your leg rolls-up or causes pressure in one area you should take it off and have someone reapply it for you.
- You may shower four (4) days after surgery and should dry your incisions gently with a clean towel. You can peel the steri-strips off 2-weeks after your surgery. Due to the risk of infection, do not fully immerse the incisions in bath water for 2-3 weeks after your surgery and do not enter a swimming pool or hot tub for at least 3-weeks after surgery.
- With local anaesthetic it is common to have some redness around your incisions; if you are feeling well and your knee is improving, you probably do not have an infection.
- **If you have concerns please call our office at 403-760-2897 during business hours. Of an evening or weekend please call the Banff Mineral Springs Hospital at 403-762-2222.**

Discharge from Hospital

- You will be discharged from hospital shortly after your surgery. The amount of time you have to wait before discharge will depend on the type of anaesthetic you received.
- Ensure you have your prescriptions for pain medication, anti-inflammatory medication and if required, physiotherapy before you leave the hospital
- You must have someone to drive you home
- Your surgeon will recommend that you spend most of the first 2-3 days after surgery at home. You should rest with your surgery leg elevated and regularly use ice or cold therapy to decrease swelling and help manage any pain.
- Please discuss any travel plans with your surgeon because long trips can increase the risk of blood clots

Follow-up Visits with Dr. Heard/ Buchko/ Hiemstra

- For a simple knee arthroscopy, follow-up appointments are usually not needed
- Contact your orthopaedic surgeon if you are experiencing ongoing problems (i.e. if your knee does not feel better than it did pre-operatively after 6-8 weeks).

Recovery Time

- For simple knee arthroscopy including trimming of meniscus = 6-8 weeks
- For debridement of osteoarthritis = 6-12 weeks, and sometimes longer
- For meniscal repairs = 3-6 months
- For microfracture of bony cartilage = 3-6 months

Physiotherapy

- After a simple knee arthroscopy, there are no restrictions in your activity level; pain and swelling will be your guide (unless otherwise specified by your surgeon). You may see a physiotherapist if you require assistance with your rehabilitation, but this is not required unless prescribed by your surgeon. If you have had a more complex procedure during your scope, please discuss your rehabilitation with your surgeon. Examples of these include: lateral release, meniscal repair, micro-fracture, manipulation.

Return to Sport

- As a general rule, you may start using low impact exercise equipment such as a stationary bike or elliptical trainer 1-2 weeks post-operatively if your knee is not too sore or swollen. Slowly progress exercises by following the post-operative rehabilitation protocol for knee arthroscopy.