

NOC Arthroscopy Booklet

Introduction:

We are planning to perform an arthroscopic keyhole operation on your knee. This booklet is aimed to give you information about the nature of the procedure and the process that you are having the operation at the Nuffield Orthopaedic Centre. We will also outline the advantages and disadvantages of having the procedure to make sure that you are aware of these issues.

What are the reasons for proceeding with keyhole surgery?

There are a number of different conditions which may be treated with keyhole arthroscopic surgery to the knee. In many situations this occurs after initial period of non-operative treatment, aimed at settling the knee. Problems in the knee which are treated by keyhole arthroscopy include damage to the meniscal cartilage, a loose body within the knee, treatment of an articular cartilage defect within the knee, biopsy of inflammatory tissue from the joint, removal of scar tissue from the joint, repair of a meniscus or ligament within the knee and assessment of younger patients with knee arthritis.

In many cases, the diagnosis has been made following a MRI scan of the knee. The team of knee doctors in the Nuffield Orthopaedic Centre will either have discussed the diagnosis with you in the outpatient clinic when you visited the hospital or will have written to you following your appointment outlining the problems and plan for the knee.

How is keyhole surgery performed?

The vast majority of patients who undergo keyhole surgery have this as a day case procedure and it is performed under a light general anaesthetic in the majority of cases. Two small holes are made at the front of the knee and a camera and instruments are passed into the joint. This allows an examination of the surfaces and structures within the knee and then treatment once the problem is identified. The small incisions are closed with Steri-Strip tape or stitches. This type of surgery typically takes 45 minutes to complete.

What is involved for you as a patient?

On the day of your surgery, there may be up to nine other patients having a similar type of procedure. All patients are admitted at the beginning of the day so that all the necessary preparations can be made to proceed with each individual case and to plan the sequence of operations though the day. However, this does mean that for some patients there is a wait before being called to theatre. Please feel free to bring a book read during this time.

A majority of patients who undergo keyhole arthroscopic surgery at the Nuffield Orthopaedic Centre admitted to the day case unit or ward A. Occasionally, patients

are admitted to other wards, particularly if their treatment will involve an over-night stay in hospital.

When admitted on the morning of their surgery you should inform your surgeon and anaesthetist of any medical conditions or previous medical treatment as this may affect your operation. ***It is extremely important that there are no cuts, scratches, pimples or ulcers on your lower limb as this greatly increases the risk of infection. Your surgery will be postponed until the skin lesions have healed.*** You should not shave or wax your legs for one week prior to surgery.

When surgery has finished and a short recovery period has been completed you will be returned to your ward. Local anesthetic will have been placed in the knee and pain relief will be completed with tablet medication. Once you are fully awake, comfortable and have had something to drink it will be time to mobilise you out from your bed. A physiotherapist will guide you and show you how to use your crutches. They will give you a programme of exercises to perform when you return home.

In nearly all cases a member of the surgical team will discuss the procedure and any treatment undertaken with you prior to discharge. Discharge from hospital typically occurs at 4 hours post operation.

Sedentary and office workers may return to work approximately 2-3 days following surgery. Most patients should be walking normally 7 days following surgery although there is considerable patient-to-patient variation. Driving is permitted when you are able to walk without crutches. You must not drive a motor vehicle whilst taking severe pain killing medications. Return to vigorous activities will be determined by the extent of the damage and you will be given specific advice from the surgical team.

What are the possible complications relating to surgery?

As with all operations if at any stage anything seems amiss it is better to call up for advice rather than wait and worry. If you experience severe pain and swelling in the first few days following surgery, you should contact your GP for advice. A fever, or redness or swelling around the knee, an unexplained increase in pain should all be brought to the attention of your doctor.

Blood Clot (Deep vein thrombosis and pulmonary embolus): Although this complication is rare following arthroscopic surgery, a combination of knee injury, prolonged transport and immobilisation of the limb, smoking and the oral contraceptive pill or hormonal replacement therapy all multiply to increase the risk. Any past history of thrombosis should be brought to the attention of the surgeon prior to your operation. The oral contraceptive pill, hormonal replacement therapy and smoking should cease one week prior to surgery to minimise the risks. The key to reducing this complication is early mobilisation. Patients who have a higher risk of blood clot may be treated with a blood-thinning drug after surgery.

Infection: Surgery is carried out under strict germ free conditions in an operating theatre. There is a less than 1 in 500 chance of developing an infection within the joint. This may require treatment with antibiotics or may require hospitalisation and arthroscopic washout of the joint. Subsequent to such procedures prolonged periods of antibiotics are required and the post-operative recovery may be delayed.

Bleeding into the knee (haematoma): the risk of this complication is increased in patients taking non steroidal anti-inflammatory drugs. They should be stopped at least one week prior to surgery. If a bleed does occur some patients may need to return to theatre.

Pain and swelling: in some cases the knee may become more painful and swollen after the operation. This occurs in approximately 1 in 50 patients. The pain settles in the vast majority of patients with rest, ice and anti-inflammatory medication. In a very small percentage of patients, a complex pain syndrome can develop where the pain and swelling continues.

Port site tenderness: commonly the small scars at the front of the knee where the camera and instruments are inserted are irritable and slightly swollen. This often makes kneeling uncomfortable. This normally settles after a few months.

Complications related to a General anaesthetic: these are very rare following knee arthroscopy surgery. The anaesthetist will discuss this with you prior to the operation.

What happens after I have left hospital?

A follow-up appointment would be organised for six weeks after the surgery for you to be seen at the Nuffield Orthopaedic Centre again. This will usually be in a physiotherapist led clinic staffed by our trained team who have great experience in the follow up of patients. At this time, the findings of the arthroscopy together with any treatment performed will be explained to you. The knee will be assessed to ensure that you are making progress. Any ongoing physiotherapy or further treatment requirements would also be discussed at this point. The vast majority of patients will not be required to attend hospital again following this appointment.

How do we assess our results?

At the Nuffield Orthopaedic Centre we are constantly assessing the results of our surgery to try and improve our outcomes for patients. To carry out this type of routine audit, we will ask you to fill out a questionnaire about your knee before surgery and after surgery.

How can I find out more information about conditions and treatment relating to the knee?

Further information is available at our website address www.noc.nhs.uk . Please follow clinical services link –Hip and Knee