

## KNEE ARTHROSCOPY

- ▶ **SJOG WEXFORD MEDICAL CENTRE**  
Suite 15, 3 Barry Marshall Parade,  
Murdoch WA 6150
- ▶ **MURDOCH SQUARE**  
Suite 205, 44 Barry Marshall Parade,  
Murdoch WA 6150
- ▶ **SJOG MT LAWLEY MEDICAL CENTRE**  
Suite 113, Ellesmere Road,  
Mt Lawley WA 6050

Knee arthroscopy is a surgical procedure that enables your surgeon to view inside your knee joint using a miniaturised video camera called an arthroscope. Through several small incisions, miniature surgical instruments can be used to treat various pathologies within your knee. Because the incisions, arthroscope and surgical instruments are small, minimally invasive surgery can result in less pain or stiffness and can reduce your recovery time.

### IMPORTANT ANATOMY

Areas within the knee joint that can be treated using arthroscopic techniques include damage to the joint surface coating cartilage on the ends of the bones, tearing of the menisci (shock absorbing cartilages) that sit between the bones or the ligaments that stabilise the joints. Occasionally, loose bodies causing locking can be retrieved from inside the joint.

### INDICATIONS FOR KNEE ARTHROSCOPY

Many knee conditions can be treated with non-operative strategies such as rest, activity modification, physiotherapy, or medications and injections that can reduce inflammation or pain. When non-operative management fails, in certain situations knee arthroscopy may relieve the symptoms of problems affecting the cartilage, ligaments or soft tissues of the knee joint.

Common arthroscopic procedures for the knee include:

- Removal or repair of a torn meniscus
- Smoothing or trimming of damaged articular cartilage
- Reconstruction of a torn anterior cruciate ligament
- Removal of loose fragments of bone or cartilage
- Treatment of patella (kneecap) tracking problems
- Treatment of knee infections (septic arthritis)

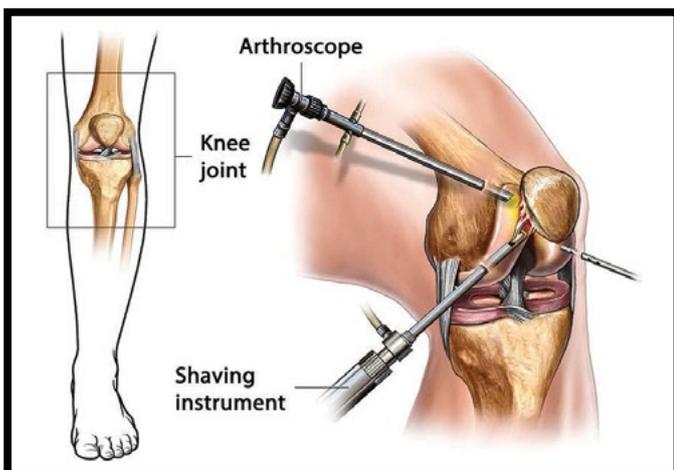


Figure 1: Knee Arthroscopy; Image source:  
<https://www.healthdirect.gov.au/arthroscopy>

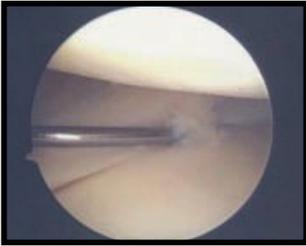


Figure 2. Torn meniscus

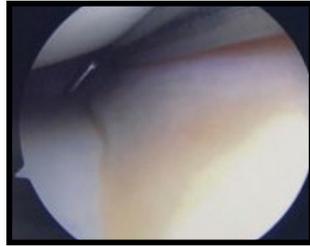


Figure 3. Healthy meniscus

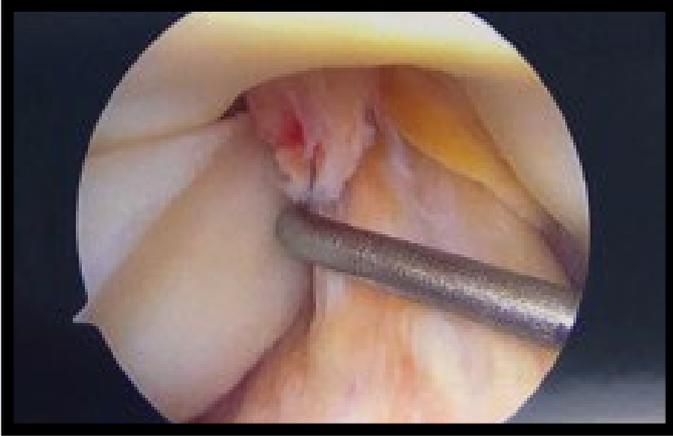


Figure 4. Examining an intact Anterior Cruciate Ligament

## YOUR ARTHROSCOPIC PROCEDURE

Knee arthroscopies are typically performed as a "Day Stay" procedure under a light general anaesthetic. Your surgeon's anaesthetist and/or admissions staff will contact you in the days leading up to your procedure with precise instructions regarding which (if any) medications or supplements to stop taking before surgery and how long to fast (when to stop eating or drinking) prior to your procedure.

After a general and/or regional anaesthetic, the procedure is performed through small "portal" incisions on the front and/or side of the knee. Your knee is irrigated with a sterile solution and a miniaturised video camera (arthroscope) is used to visualize within the knee as specialized instruments are used to perform the procedure. Using these devices, shavers, trimmers, graspers and special anchors can be used to address your joint pathology. At the end of the surgery, your surgeon will close the incisions with sutures or Steri-strips and apply compressive bandages.

## COMPLICATIONS

The risk of complications following arthroscopic surgery is generally very low. The potential postoperative problems following knee arthroscopy include:

- Numbness around the incisions (portal sites)
- Infection
- Blood clots (deep vein thrombosis or pulmonary embolus)
- Knee stiffness
- Accumulation of blood in the knee (haemarthrosis)

## RECOVERY AND REHABILITATION

After arthroscopic knee surgery, most patients will be discharged the same day as long as they have someone responsible to drive them home and check on them the first evening.

Pain killers and wound management instructions will be provided in addition to rehabilitation, physiotherapy and follow-up appointment details.

## POST-OPERATIVE CARE

Generally, you should try to keep your leg elevated and apply icepacks to relieve swelling and pain. Typically, the bandage around your knee can be removed after 24-48 hours, but the incision sites should remain covered with waterproof dressings and should stay clean and dry for at least 10 days. Occasionally you will need crutches for a few days to weeks to help with weight bearing and, depending on the exact nature of your surgery, you may require a knee brace. Your surgeon will discuss with you when it's safe to start driving again following arthroscopic knee surgery, but generally it will be 1-2 weeks after the procedure.

## EXPECTED OUTCOME

Following arthroscopic surgery and a sufficient period of physical therapy, most patients can expect a return to full unrestricted activities. However, your recovery will depend on the type of injury being treated in your knee, for instance anterior cruciate ligament reconstruction can require up to a year for full recuperation. Depending on the type of work you do, your surgeon will recommend a safe period of time away from work.

PHONE: 08 9312 1135 • FAX: 08 9332 1187

[www.orthopaedicswa.com.au](http://www.orthopaedicswa.com.au)