



*The*  
**HIP AND KNEE**  
**- SURGEONS -**

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PATIENT INFORMATION

**KNEE ARTHROSCOPY AND MENISCAL TEARS**

# KNEE ARTHROSCOPY AND MENISCAL TEARS : PATIENT INFORMATION

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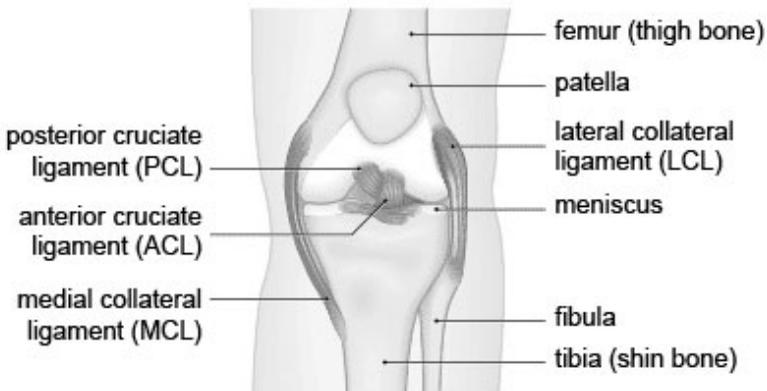
## About knee arthroscopy

In the late 1970s and early 1980s, arthroscopic surgery became popular, especially in the sports world, as fiber-optic technology enabled surgeons to see inside the body using a small telescope, called an "arthroscope," which projects an image to a television monitor. Active patients all over the world have experienced the benefits of minimally invasive surgical procedures.

Arthroscopy may be used for a variety of knee joint conditions, including a torn meniscus, loose pieces of broken cartilage in the joint, a torn or damaged anterior or posterior cruciate ligament (ACL/PCL), an inflamed or damaged synovium (the lining of the joint), or a misalignment of the patella (knee cap).

Through an incision the width of a straw tip, your surgeon is able to insert a scope, which allows them to inspect your joint and locate the source of your pain. The scope can also help identify tears or other damage that may have been missed by an X-ray or MRI. Your surgeon will then make one or more small incisions to accommodate the instruments used to repair the knee. These instruments can shave, trim, cut, stitch, or smooth the damaged areas.

Arthroscopic knee surgery is often performed in an outpatient surgery centre, which means no overnight hospital stay is required. Patients report to the surgical center in the morning, undergo the procedure, and – following a recovery period under the care of medical professionals – return home later in the day.



**The different parts of the knee**

## **What are the alternatives?**

Not everyone who has a knee problem needs to have an arthroscopy. Your doctor may diagnose your knee problem using physical examination, an X-ray or an MRI scan. An MRI scan uses magnets and radiowaves to produce images of the inside of your body. Some problems can be treated using physiotherapy and medicines.

## **Preparing for a knee arthroscopy**

Your surgeon will explain how to prepare for your operation. For example if you smoke you will be asked to stop, as smoking increases your risk of getting a chest and wound infection, which can slow your recovery.

The operation is usually done as a day case under general anaesthesia. This means you will be asleep during the procedure. Alternatively you may have the surgery under local or regional anaesthesia. This completely blocks the pain from the knee area and you will stay awake during the operation. Your anaesthetist may offer you a sedative with a local or regional anaesthetic, which relieves anxiety and helps you to relax during the operation.

If you're having general anaesthesia, you will be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. However, it's important to follow your anaesthetist's advice.

At the hospital your nurse may check your heart rate and blood pressure, and test your urine.

Your surgeon will discuss with you what will happen before, during and after your procedure, and any pain you might have. This is your opportunity to understand what will happen, and you can help yourself by preparing questions to ask about the risks, benefits and any alternatives to the procedure. This will help you to be informed, so you can give your consent for the procedure to go ahead, which you may be asked to do by signing a consent form.

## **What happens during a knee arthroscopy**

An arthroscopy can take from 30 minutes to over an hour, depending on how much work your surgeon needs to do inside your knee joint. Once the anaesthetic has taken effect, your surgeon will make small cuts in the skin around your knee joint. He or she will pump sterile fluid into your joint to help produce a clearer picture and then insert the arthroscope.



Your surgeon will examine your knee joint by looking at images sent by the arthroscope to a monitor. If necessary, he or she can insert instruments to repair damage or remove material that interferes with movement or causes pain in your knee.

Afterwards, your surgeon will drain the fluid out and close the cuts with stitches or adhesive strips. Then he will wrap a dressing and a bandage around your knee.

### **What to expect afterwards**

You will need to rest until the effects of the anaesthetic have passed. It may take several hours before the feeling comes back into your knee. Take special care not to bump or knock the area.

You may need pain relief to help with any discomfort as the anaesthetic wears off. You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

Your nurse will give you some advice about caring for your healing wounds before you go home. You may be given a date for a follow-up appointment. A physiotherapist should also visit you to help get your joint moving and discuss exercising at home.

The length of time your dissolvable stitches will take to disappear depends on what type you have. However, for this procedure they should usually disappear in about six weeks. Non-dissolvable stitches are removed 10 to 14 days after surgery.

### **Recovering from knee arthroscopy**

If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen. Always read the patient information that comes with your medicine and if you have any questions, ask your pharmacist for advice.

General anaesthesia temporarily affects your co-ordination and reasoning skills, so you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours afterwards. If you're in any doubt about driving, contact your motor insurer so that you're aware of their recommendations, and always follow your surgeon's advice.

You will have a dressing and an elasticated bandage over your knee joint. These apply pressure to assist with healing. You need to keep your knee clean and dry for about one to two weeks. You should use waterproof plasters over your healing wounds when you take a shower and don't soak your knee in the bath until the cuts



are fully healed.

Continue with the exercises recommended by your physiotherapist, as they will help to improve your knee movement and strength.

Your knee joint is likely to feel sore and swollen for at least a week. This can last longer if you have arthritis. Try to keep your leg raised on a chair or footstool when you're resting. You should apply a cold compress such as ice or a bag of frozen peas, wrapped in a towel, to help reduce swelling and bruising. Don't apply ice directly to your skin as it can damage your skin.

Follow your surgeon's advice about driving. You shouldn't drive until you're confident that you could perform an emergency stop without discomfort. This is usually about one to three weeks after your operation.

Your recovery time will depend on what, if any, treatment your surgeon performs on your knee joint. You should be able to resume your usual activities after six to eight weeks depending on the severity of your knee problems and your level of fitness.

### **What are the risks?**

Knee arthroscopy is commonly performed and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of this procedure.

#### Side-effects

These are the unwanted, but mostly mild and temporary effects of a successful treatment, for example feeling sick as a result of the general anaesthetic.

After a knee arthroscopy you will have small scars on your knee from the cuts.

#### Complications

This is when problems occur during or after the operation. Most people aren't affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, a wound infection, excessive bleeding or developing a blood clot, usually in a vein in the leg (DVT).

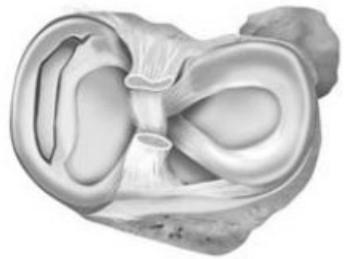
Arthroscopy complications can include accidental damage to the inside of your joint, infection, loss of feeling in the skin over your knee, bleeding into your joint or the surgery may not be successful or it may have to be repeated.



## MENISCAL TEAR : PATIENT INFORMATION



Healthy Meniscus - Top View



Meniscus Tear - Top View

If you have had knee pain recently, or periodically for months or years, it's possible that you have a meniscus tear, also referred to as "torn cartilage." A meniscus tear often occurs during a twisting or pivoting motion with the foot planted on the ground – for example playing tennis or squatting in the garden. A tear can occur at any time during life, but it is rarely seen in young children. With age, the menisci become worn and may tear more easily.

The symptoms of a meniscus tear depend on the size and location of the tear. Because the menisci have no nerve endings, pain associated with a tear is actually due to swelling and injury to the surrounding tissue. With a small tear, you may experience minimal pain. Over several days, slight swelling may develop gradually. Often, you may walk with minimal pain, but squatting, lifting, or rising from a seated position may increase the pain. Small tears may possibly heal on their own with a brace and a period of rest.

With a typical meniscus tear, you will feel pain at the side or centre of the knee, depending on the tear's location. Often, walking is not impeded, and the knee may swell or feel stiff. You may also experience limited bending of the knee. Over time, symptoms may diminish but could recur with activities that involve twisting or overuse of the knee. Pain may appear and disappear over a period of years, and the tear may become larger if left untreated. Other symptoms include tenderness when pressing on the meniscus, popping or clicking within the knee, and limited motion of the knee joint.

The location of the tear may determine whether or not the knee is able to heal on its own. Tears at the outer edge of the meniscus tend to heal more easily because there is a good blood supply. However, the inner two-thirds of the meniscus does not have a good blood supply which makes it difficult for tears to heal on their own. In time, this may cause the knee to develop arthritis.



Ice packs and immobilization can be used for immediate treatment of almost any knee injury. Such simple measures will help to decrease swelling and pain in the joint. When a tear begins to interfere with everyday activities, arthroscopic surgery may be necessary to prevent additional damage and to restore the knee's full functional abilities.

## FREQUENTLY ASKED QUESTIONS

### *What can I do to make my recovery easier?*

**Answer** Try to be as fit and healthy as possible before your operation and prepare your home for when you return.

**Explanation** If you're having knee arthroscopy it's a good idea to try to be as fit and healthy as possible before your operation to speed up your recovery.

You should stop smoking as smoking can increase the chances of getting an infection and slows your recovery. If you're overweight your doctor may recommend a weight loss programme.

You can exercise to strengthen your upper body. This will help you to get around after the surgery when using walking aids such as crutches.

If it's possible you should try to strengthen your leg muscles. Strengthening the muscles around your knee will speed your recovery and will make it easier to perform the exercises you will be given after your operation. Your surgeon or physiotherapist will be able to recommend exercises for you.

It's a good idea to prepare your home for when you return from hospital. This may involve rearranging furniture to make it easier to move around and placing commonly used items at arm level so you don't have to reach for them. It's also a good idea to stock up on non-perishable food such as frozen or tinned items, so that you don't need to go shopping immediately after your surgery.

You may need someone to help during the first few days at home.

### *When can I start exercising again and what exercises are suitable?*

**Answer:** After your arthroscopy you should exercise regularly to restore your knee's mobility and strength. Don't do any high-impact exercises, such as running, until you're fully recovered.

**Explanation:** You will need to rebuild the strength and mobility in your knee following an arthroscopy. Your surgeon may recommend specific exercises for your knee. This



may involve physiotherapy for several weeks.

To begin with you will need to take it very easy. You will need to do exercises at home for about two weeks and then you should be able to start gentle exercise such as walking. Always stop if your knee swells or if you feel any pain. If this happens you should rest your knee, apply a cold compress, such as ice or a bag of frozen peas, wrapped in a towel, to help reduce swelling and bruising (don't apply ice directly to your skin as it can damage your skin), compress your joint by bandaging it to support the joint and help reduce swelling and elevate your knee by resting it above the level of your heart and keeping it supported.

You should be able to return to your usual levels of activity after six to eight weeks but you shouldn't do any high-impact exercises, such as running, or exercises that involve twisting, such as skiing, until you have made a complete recovery.

Your surgeon or physiotherapist will be able to give you more information about what activities are suitable for you.

### ***Will my knee recover completely?***

**Answer:** Your knee may not recover completely after your operation. Your recovery will depend on the damage to your knee and how healthy you were before the operation.

**Explanation:** A knee arthroscopy can be used to treat a variety of knee conditions but your recovery will depend on the amount of damage to your knee. You may have injured your knee in such a way that prevents it from recovering completely. For example, runners can completely wear away their cartilage over a long period of time.

Your recovery will also depend on your fitness before the operation. High-level athletes, such as professional footballers, may recover more of their original fitness than someone who does occasional exercise because their leg muscles are much stronger.

You should do all the exercises recommended by your surgeon or physiotherapist so that you recover as much fitness as possible. Don't do any high-impact exercises, such as running, or exercises that involve twisting, such as skiing, until you have made a complete recovery. If you have seriously damaged your knee you may be advised to find an alternative form of exercise that is low-impact.





## **YOU HAVE HAD AN ARTHROSCOPY OF YOUR KNEE. POST-OPERATIVE INSTRUCTIONS**

You may walk on your leg as pain allows. The crutches which you may have been given are merely to help you get around.

Take it easy for the first few days – you may walk around your house and go out but remember to keep your foot up as much as possible.

### **BANDAGES**

If your foot swells loosen the bandage but otherwise leave the flesh coloured and wooly bandages on for 3 days. At 3 days remove this outer layer. Underneath the bandages there is a dressing and tapes over the wounds. **DO NOT REMOVE THIS.** Keep the wounds dry until you see us at your post-op appointment.

You may bend and straighten the knee as well as walk on it within your comfort level.

### **PHYSIOTHERAPY**

You may have had crutches supplied and a few gentle exercises explained. This with general activities is enough for the first 10 days. At your post op visit (10-14days) the need for further physiotherapy will be assessed.

### **REVIEW APPOINTMENT**

You will have an appointment to see your surgeon at 10-14 days after surgery.  
Please phone or email if you are at all worried.





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