

Goole Surgical Treatment Centre



Arthroscopy of the Knee Day Surgery Unit



*Welcome and thank you for making
Goole Surgical Treatment Centre your first choice*

What is an Arthroscopy?

An arthroscopy is an investigation that allows direct visual examination of the inside of the knee joint by using an instrument called an arthroscope. This procedure is usually performed under a general anaesthetic.

Why is the Procedure Necessary?

Many conditions affecting joints do not show up on x-rays and may be difficult to diagnose accurately by symptoms alone. By examining the bones, ligaments and cartilage from within the joint, your consultant is often able to detect the problem that may have been causing your pain and other symptoms.

Side-effects

Side-effects are the unwanted but usually mild and temporary effects of a successful procedure. Following this operation, there is likely to be some pain and stiffness around the joint, which may last a few weeks and can make moving around very uncomfortable to begin with. There will be small scars from the keyhole incisions.

Risks of surgery

Bleeding may occur from the wound site. If so, apply pressure and if the bleeding persists, seek advice. There is a risk of your wound becoming infected, if you experience redness, excessive tenderness or persistent oozing, seek advice, as this could lead to the knee joint becoming infected, i.e. infective arthritis.

Discomfort following surgery is common, please ensure you have adequate painkillers at home.

Specific complications of arthroscopy can include the following:

- Accidental damage to the inside of the joint or a loss of feeling in the skin over the knee.
- Uncommonly, developing a blood clot in the veins of one of the legs (deep vein thrombosis or DVT). To help prevent this, an injection of anti-coagulant (blood thinning) medication may be given if there is a high risk of this occurring, or other treatment requested by your consultant.
- Keloid scars. A small percentage of people have an inherited tendency to form this type of scar, which are unusually red and raised.

The chance of problems depends on the exact type of operation and other factors such as the person's general health. The surgeon will be able to explain how the risks apply to each patient.

NB. There is no guarantee that the surgery performed will be 100% effective or risk free.

Effects of anaesthetic

If you experience nausea following surgery, drink plenty of fluids and take light meals.

Headache is not unusual following a general anaesthetic. Simple painkillers will help to relieve this.

Before you arrive

Prior to your admission you will have been advised when to stop taking diet and fluids.

Please have a shower or bath before coming to the ward, (please avoid deodorants and moisturizers etc).

We request that you do not wear make-up, nail-varnish or jewellery (except for wedding ring).

Please bring any medication that you normally take (even if infrequent), a dressing gown, slippers and a book or magazine to read. Please leave valuables at home.

Following a general anaesthetic please arrange:

An adult to escort you home and care for you for the first 24 hours after discharge.

Not to use machinery (including cookers), or sign documents for 24 hours .

Please remember

Not to drive after surgery for at least one week or as advised, please consult your insurance company.

Time off work (usually 2 to 3 weeks or until you return to clinic, this may be shorter or longer depending on your job).

What will happen when I come in for my surgery?

Please report to the reception desk.

A nurse will prepare you for your operation. You will be asked to wear a theatre gown (a locker is provided for your clothing) and your blood pressure will be taken.

Please tell the nurse if you have any medical changes or change of social circumstances.

The surgeon will come to see you, mark the operation site and take your written consent for the operation.

When it is time for your surgery the nurse will walk with you to the anaesthetic room.

After the surgery

If you have had a general anaesthetic, you will wake up in the recovery suite. Then transferred back to the ward.

Light refreshments will be provided.

Your leg may feel heavy and numb.

Your leg will be bandaged from mid thigh to mid shin to protect the wound. Under this will be 3-4 small dressings covering the stitches or Steri-strips securing the wound. Occasionally, due to the type of surgery performed, there may be a small drain inserted into the wound, which may delay your discharge until the next day.

Usually a local anaesthetic will have been injected into the knee. As this may cause your knee to feel unstable, please do not attempt to walk on your own, the nursing staff will assist you.

If advised by the surgeon, you will be provided with crutches. If you experience any discomfort please ask the nursing staff for pain relief.

When you are adequately recovered the nurse will provide you with discharge advice, answer any questions that you may wish to ask and arrange for you to go home.

At home

You may require painkillers after the effects of the anaesthesia has 'worn off' and it is advisable to take them regularly as you increase your activity.

It is normal to experience some swelling of the knee after the operation, so it is important to regularly rest and elevate your leg and move your ankle up and down. Ice packs (or a bag of frozen vegetables) wrapped in a pillowcase or tea towel applied to the knee for 20 minutes may also help to reduce the swelling and relieve some of the pain. (see physiotherapy section on exercises and activity).

Depending on the type of surgery, the outer layer of bandage may be removed 2 to 3 days following surgery (or when the bandage becomes loose). To support the knee you may be provided with 'tubi-grip' stockinet to apply in place of the bandage. This should be removed at night.

Keep the wound clean and dry for 2 weeks. You should walk, climb stairs as normal and perform the exercises shown in this leaflet, unless you have been asked specifically not to do so.

An outpatient appointment for 2 to 3 weeks will be sent to you by post to review your surgery and remove the stitches. If you had your surgery at Goole, stitches will be removed 10 to 14 days after the surgery by the practice nurse at your GP surgery.

These instructions may differ according to consultant preference which will be advised by the nurse before your discharge.

If you have any problems after your surgery please contact one of the following:

Goole & District Hospital:

Ward 7 Tel 01724 290040 (08:00-20:00 Mon-Fri)

or

Your own GP.

Physiotherapy information and exercises, following Knee Arthroscopy

• Will I need crutches after surgery?

You may put as much weight on your operated leg as you can. Most patients do not require crutches, and those that do only need them for a week or so. If you use a walking aid such as a stick prior to surgery, it is likely you will need this afterwards, so remember to bring it with you.

• What do I do if my knee swells?

Your knee may swell if you overdo things. If this occurs it is important to remember this simple remedy.

Rest - slow down on your activity and exercise.

Ice your knee with an ice pack or bag of frozen vegetables for 15 - 20 minutes a few times a day. **Do not** put the ice directly on your skin.

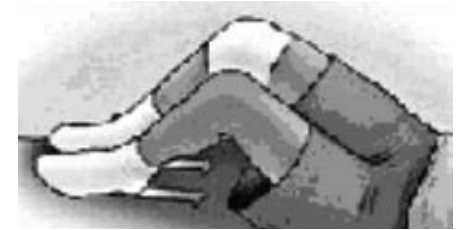
Compression - wear tubigrip given to you during the day until the swelling reduces. It is important **not** to wear it whilst sleeping at night.

Elevation of your leg by a little more during the day may help. This usually means lying down with your leg up on pillows. It is advised to remove the tubigrip compression while doing this.

• What exercises should I do after my surgery?

You can start moving your knee before you leave hospital. The following exercises will help regain knee movement and strength in the first week or two after surgery. Most patients do not require any formal Physiotherapy appointments. But this will depend on your surgery, your progress and your level of activity.

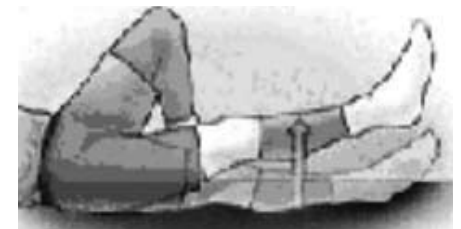
1. Lying on your back, slide your foot up the bed to bend your knee. Do 10 repetitions of this 3 times a day until you have regained full knee bend.



2. Bend and straighten your knee while sat in a chair. When your knee is straight, hold your foot off the floor for at least 10 seconds. Do 10 repetitions of this exercise 3 times a day.



3. Keeping your operated knee straight, press the back of your knee down into the bed. Repeat this 5 times and then raise your leg off the bed about six to ten inches. Hold it up for 10 seconds and do 10 repetitions 3 times a day.



• When can I do other activities and sports?

You will be able to get back to most normal activities around the house within a few days of surgery, but you shouldn't try to over do it. You can ride an exercise bike and / or a normal bike when you have enough knee bend to do it. This is generally two weeks after your surgery.

Swimming or water activities are to be avoided until your stitches are removed and your wound is healed.

Other sports, especially ones involving twisting or pivoting on your knee and contact sports should be avoided for up to

one month following surgery. It is important you have good movement and strength of your knee before **easing** yourself back into these sports.

You will need more than the exercises outlined in this leaflet and you can get these when you see the doctor at the outpatients appointment.

Concerns and Queries

If you need further assistance, the Patient Advice and Liaison Service will be able to help.

They can be contacted on:

Goole & District Hospital

PALS Administration Manager 01724 290172

or by email: pals@nlg.nhs.uk

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.) It is stored on paper and on computerised systems in line with the Data Protection Act 1998. Everyone working for the NHS has a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth. Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients/visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening/Abusive Behaviour
- Verbal/Physical Abuse

The Trust reserves the right to withdraw from treating patients whom are threatening/abusive/violent and ensuring the removal of those persons from the premises.

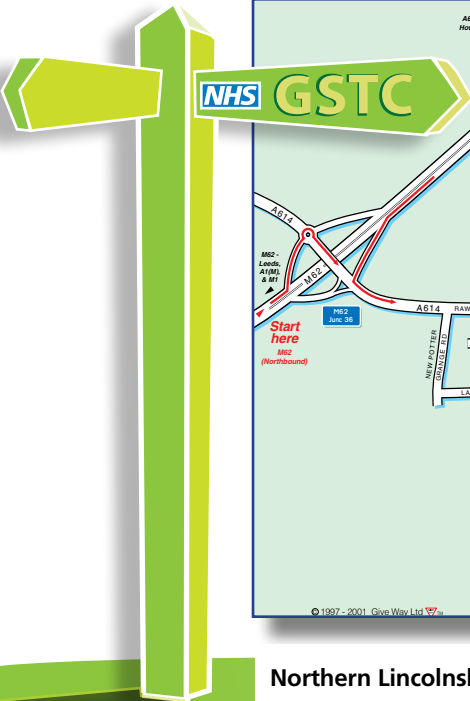
All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk. Please tell a member of staff on the ward or in the department you are attending/visiting.

Contact Number: Day Surgery Unit: 01724 290040



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