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## **A Patients Guide to Knee Arthroscopy**

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## **Introduction**

The term arthroscopy refers to 'key-hole' surgery. In this, via a very small wound (usually less than 1 cm), a camera can be introduced into the knee and through other similar wounds, instruments can be put into the joint and visualised via the camera. This allows surgery to various parts of the knee to be undertaken whilst minimising the trauma involved to the body.

In most cases, arthroscopic surgery will be undertaken to deal with cartilage (meniscal) problems, joint surface (articular cartilage) injury/damage and ligament reconstructions.

## **The Operation**

I undertake arthroscopic surgery under a general anaesthetic (ie. you will be asleep). In most cases, only two small scars are required to allow surgery to take place. Only rarely is one or more other scars necessary. A full inspection of the knee joint is undertaken and the appropriate treatment carried out. Surgical time varies depending on the necessary treatments and is usually less than 45 minutes.

In the vast majority of cases, a single stitch is required in each of the wounds. Initially, a crepe bandage dressing is applied. When you wake up from the anaesthetic, most patients either have no pain or a minor ache in the knee.

It is usually possible to go home the same day of the surgery. Otherwise you will be able to go home the next morning.

## **Post-Operative Visit**

I will see you within 2 weeks of surgery to check on your progress, review the operation with you and remove your stitches. Unless I have given you instructions not to weight-bear, I would expect you to be walking well without walking sticks/crutches and to get the knee fully straight and to bend at least 90 degrees within 2 weeks.

## **Physiotherapy/Rehabilitation**

As with most knee surgery, the ability to comply with a structured exercise programme is essential. A physiotherapist will see you in the hospital prior to discharge and provide you with your exercise programme for the next 2-3 weeks. You will walk prior to going home, taking as much weight as is comfortable on the limb, usually full weight bearing. Some patients require walking aids such as crutches for a day or two afterwards, but for the vast majority this is a short period only. On occasion, depending on the type of surgery undertaken, there may be specific reasons for a prolonged period on crutches. This is usually related to surgery for joint surface damage (usually micro-fracture) and if expected will be discussed with you beforehand.

## Risks

The risks of a serious complication are extremely low with arthroscopic surgery. They are less than 1 in 1000. Serious complications would include injuries to major nerves, major bleeding into the knee or infection deep in the joint. Thankfully these are rare.

**Blood Clots:** the risk of a blood clot is low with this sort of surgery. Most blood clots tend to occur in the period after surgery (classically 1-2 weeks afterwards). It is usually associated with significant pain/swelling and tightness in the calf. This tends to form in the veins and the calf muscles. If they stay here then they are usually a minor consequence. If they are more major or detach, then it is possible that they could be fatal. The risk of this is very low.

**Flying:** the risk of developing a blood clot after surgery is heightened for up to 4 weeks. If you want to have no more risks than normal, then flying (in particular long-haul flights) for this period should be avoided.

**Your Contraceptive Pill:** In addition, there is a small increasing risk associated with the use of the oral contraceptive pill. The risk of this is viewed to be small, and on balance, most doctors view the risk of stopping the pill and becoming pregnant greater than the risk of a blood clot.

We undertake precautions to help reduce the risk of thrombosis, this includes the use of compression stockings, and getting the limb moving early, as well as walking early.

**Anaesthetic:** problems can occur, but are uncommon. You should discuss any pre-existing medical condition with Mr Houlihan-Burne prior to coming in to surgery and also with your Anaesthetist when you come into hospital.

**Pain :** Unfortunately a small number of patients (5%) do have pain in the knee for a significant period of time following surgery. This is usually related to muscle strength around the knee or swelling in the knee (synovitis). Occasionally a steroid injection into the knee, 6 weeks after surgery, is required to settle things down and on very rare occasions, further surgery is required.

## QUESTIONS

If you have questions about your surgery please ask one of my team at the pre-assessment clinic or once admitted for surgery. If you have any other concerns, questions or second thoughts about the operation please feel free to contact me to discuss this by email on [knee@fortiusclinic.com](mailto:knee@fortiusclinic.com)

If you have questions about your rehabilitation please contact your **physiotherapist**.

After the surgery, if you have any problems, especially if you experience any excessive skin redness, persistent wound discharge, excessive swelling, or severe pain during or after exercise, call Mr Houlihan-Burne's secretary on the numbers given on the front of this pack.

Call your **GP** immediately if you develop calf pain and tightness, shortness of breath, or if you develop a fever and feel unwell.

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