



**Mersey and West Lancashire  
Teaching Hospitals  
NHS Trust**

## **PATIENT INFORMATION**

# **Arthroscopy of the Knee Joint**

## **ARTHROSCOPY OF THE KNEE JOINT**

An arthroscopy is where the surgeon makes a small incision on either side of the kneecap, through which they pass the telescope enabling them to see inside the joint.

On most occasions an arthroscopy is only an investigation, to assist the surgeon in diagnosing what is causing your knee problem.

At the time of arthroscopy, if appropriate the surgeon may be able to carry out minor procedures such as removal of debris, trimming and repair of cartilage.

Once the surgeon has decided an arthroscopy is required there are no suitable alternatives. This procedure is usually carried out as a day case under general anaesthetic. Any possible risks or complications should be discussed with you prior to your operation.

## **INTENDED BENEFITS**

Diagnostic and therapeutic, thus leading to reduction in pain and improvement in function.

## **OCCASIONAL COMPLICATIONS CAN OCCUR FOLLOWING SURGERY**

Serious or frequently occurring risks – infection, blood vessel, nerve or tendon damage, clots in blood vessels of legs and lungs, knee stiffness, numbness around scar and knee swelling. Please note there is no alternative to this procedure.

## **AFTER YOUR OPERATION**

You may experience some discomfort, for which painkilling tablets will be prescribed; a supply will be given to you to take home.

The wound will be closed with either glue, stitches or steristrips (thin strips of adhesive tape.) The stitches are usually removed at 10-14 days.

The bandages and dressings should be left intact for 1-2 days if possible. You may find the bandages start to work loose; these can be re-applied as necessary. If you have any problems with this, your GP practice nurse should be able to help you. When all the stitches or steristrips have been removed and the wounds are completely healed, you can bathe and shower as normal.

You are advised **not to drive or return to work for a minimum of two weeks** after surgery.

## **PHYSIOTHERAPY**

On the day of your surgery, you will normally be seen by a Physiotherapist before you go to theatre, and will be given exercise advice as follows.

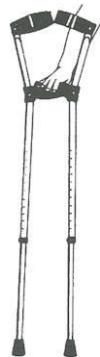
Do not do exercises other than those you have been instructed to do by your Physiotherapist.

Crutches or walking sticks are not usually required following this procedure, however if the Physiotherapist recommends them, please see below.

## **USING CRUTCHES**

### **Standing**

Place the crutches into the “H” position then place one hand onto both handles and stand up. Once standing, place each hand through the cuffs of the crutches and hold the handles (handles face forward).



For stability in standing, each crutch should be slightly in front and out to the side of your feet.



### **Sitting**

Take each arm out of the crutches and place them in the “H” position and hold with one hand. Once you feel balanced, reach back for the arm of the chair with your free hand. In a slow and controlled manner, lower yourself into a sitting position.

### **Walking with 2 Crutches**

1. Take both crutches forwards.
2. Step forwards with the operated leg taking as much weight as you feel is comfortable.
3. Step past with the unoperated leg.
4. Repeat.

### **Walking with 1 Crutch**

1. Hold crutch in the unoperated side.

2. Take the crutch forwards.
3. Step forwards with the operated leg taking as much weight as you feel comfortable.
4. Step past with the unoperated leg.
5. Repeat.

## **On Stairs**

Where possible use a handrail and hold both crutches in same hand (see diagram) or give spare crutch to someone else.

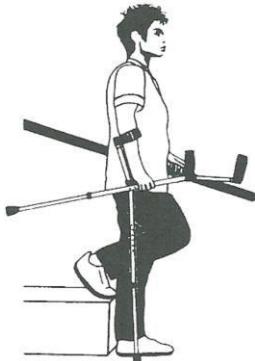
### **Going Up**

1. Unaffected leg
2. Affected leg
3. Crutch



### **Going Down**

1. Crutch
2. Affected leg
3. Unaffected leg



## **CARE AND MAINTENANCE OF YOUR CRUTCHES**

Regularly check that the:-

- Rubber tips are not worn to the point where no tread is showing.
- Springclip tips are located into both holes.
- Tubing is not cracked or damaged.
- Adjustment mechanism adjusts freely.

- The holes on the adjustment legs are round and not worn to an oval shape.

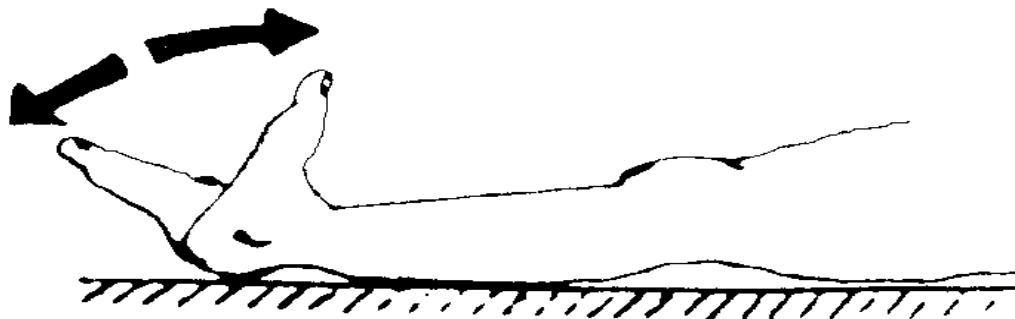
Always use the crutches as advised by the issuer.

- Once set up there should be no reason to adjust the crutches without consultation with the issuer.
- Avoid wet floors and uneven surfaces and remove obstacles such as loose rugs before using crutches.
- Do not store in subzero temperatures.
- Use the crutches in good light and wear supportive footwear.
- A mild detergent and warm water can be used for cleaning metal crutches.

**Once you no longer require your elbow crutches, please return them to the Physiotherapy Department at either Ormskirk or Southport hospital.**

## **EXERCISES**

### **TOE, FOOT AND ANKLES**



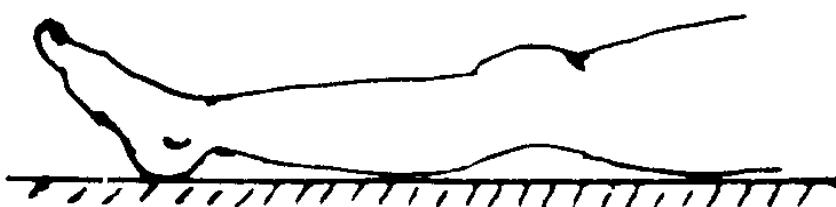
Sitting with leg supported on bed. Point toes and foot down.

Pull toes and foot up.

Repeat as often as possible through the day.

### **STATIC QUADRICEPS**

1.



Sit with leg supported.

2.



Tightening the muscles on the front of the thigh (quadriceps), pressing your knee down towards the bed.

Hold for 5 seconds.

Relax – Repeat 2 sets of 10, 3 times a day.

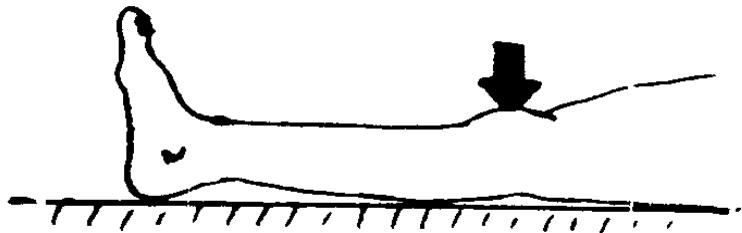
### **STRAIGHT LEG RAISE**

1.



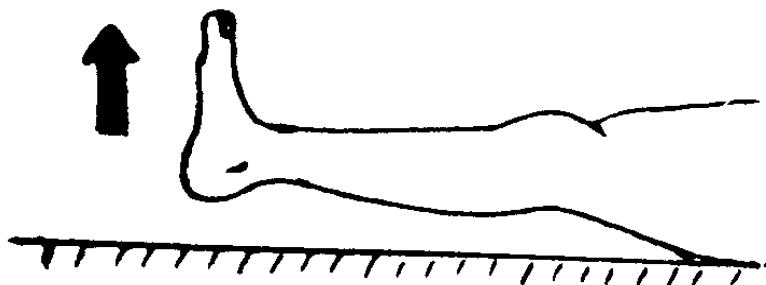
Sit with leg supported.

2.



Press your knee down and tighten the muscles on the front of the thigh (quadriceps).

3.



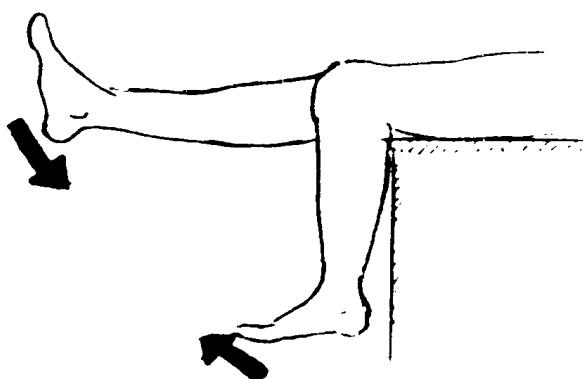
Holding the knee straight, slowly raise the foot 6 inches from the bed.

Hold for 4 seconds and slowly lower the leg.

Relax – Repeat 2 sets of 10, 3 times per day.

### **KNEE FLEXION/ EXTENSION**

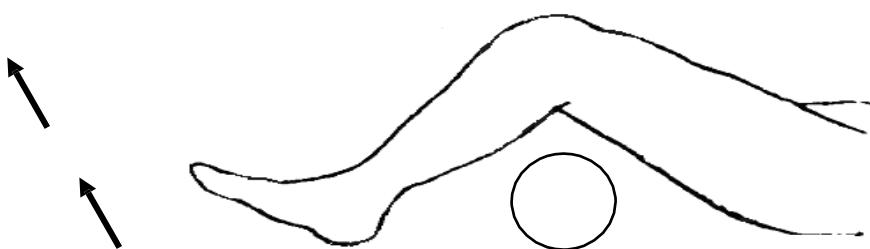
Begin to bend and straighten your knee over the next few days.



## **INNER RANGE QUADRICEPS**

Put a cushion under your operated knee. Lift your foot off the floor/bed so your leg is straight.

Hold for 5 seconds and slowly lower foot.



Repeat 2 sets of 10, 3 times per day.

## **BENEFITS OF USING ICE**

When you remove the bandage, you may find your knee is swollen. To help this swelling, it may be beneficial to apply ice. The instructions below explain how.

Ice may be used to:-

- decrease pain
- decrease temperature
- decrease muscle spasm
- decrease swelling
- promote repair

## **HOW TO APPLY THE ICE**

**STEP 1:** Thoroughly expose the part to be treated.

**STEP 2:** Fill a small plastic bag with ice cubes or use a packet of frozen vegetables.

**STEP 3:** Wrap the area to be iced in cling film and wrap ice cubes/frozen vegetables in a damp towel.

**STEP 4:** Place ice pack onto area to be treated and leave for no longer than 20 mins.

**STEP 5:** Remove ice pack at regular intervals to inspect the skin for ice burns. If it is fiery red or hot, do not re-apply and consult your Physiotherapist.

## **PRECAUTIONS**

If you are diagnosed with, or worried about an infection, DVT or a decrease in sensation, **DO NOT APPLY ICE.**

## **ICE BURNS**

These occur very easily but can be avoided if simple precautions are followed.

- Remove the pack if it becomes too painful (some degree of discomfort can be expected but this should not be excessive).
- Make sure towel is damp. If dry, it may freeze itself to the skin.

## **VENOUS THROMBOEMBOLISM (VTE)**

VTE is the process by which blood clots occur and travel through the veins. VTE is the collective term for DVT (Deep Vein Thrombosis) and PE (Pulmonary Embolism).

## **SIGNS OF A DVT**

1. **PAIN** in the muscle belly, eg calf/high or arm, which is increased when pressure is applied to the area.
2. Sudden increase in **SWELLING** of the soft tissue.
3. Increase in **TEMPERATURE** in the area of pain.
4. **REDNESS** of the local area.

Unfortunately, a DVT can be present without these signs and, similarly, the presence of these signs does not always indicate a DVT.

## **SIGNS OF A PE**

1. Increased **BREATHLESSNESS**/shortness of breath.
2. **CHEST PAIN**.
3. **COUGHING UP BLOOD**.

## **WHAT TO DO IF YOU SUSPECT A DVT**

**Attend Accident & Emergency Department immediately  
(01704 547471) OR seek urgent medical advice.**

## **ON DISCHARGE FROM HOSPITAL**

You will be given an open appointment for Physiotherapy for two weeks from your operation date. If within this time you require a physiotherapy appointment, please call us.

Your open appointment is until

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If you have any queries regarding your operation or have any concerns, you can telephone the Physiotherapy Department between the hours of 8.30 am – 4.30 pm Monday to Friday Ormskirk & District General Hospital on 01695 656861.

Alternatively, if you have any concerns regarding your wound or you require district nurse information, please contact the ward you were on:

F Ward – 01695 656031  
H Ward – 01695 656903  
G Ward – 01695 656526

This patient information leaflet is intended to be used to support discussion during your clinical consultation.

If there is anything you do not understand or are unsure about please contact the Physiotherapy Department on (01695) 656861.

**We would be grateful for any feedback on our orthopaedic service. Please go to the NHS Choices website to review our service – [www.nhs.uk](http://www.nhs.uk)**

**During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

## **THERAPY**

If you have any concerns or questions regarding your therapy, please contact either your named Therapist on the number provided or the Therapy Manager on 01704 704147.

## **INFECTION CONTROL REQUEST**

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

## **SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT THE HOSPITAL PREMISES**

Refer to DVT information

### **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

DVT  
Infection

### **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL**

Physiotherapy Department, Ormskirk Hospital  
(01695) 656861

### **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111  
Stop Smoking Helpline (Sefton) - 0300 100 1000  
Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need  
this leaflet in an alternative format**

**Southport and Ormskirk Hospital NHS Trust**

Ormskirk & District General Hospital  
Wigan Road, Ormskirk, L39 2AZ  
Tel: (01695) 577111

Southport & Formby District General Hospital  
Town Lane, Kew, Southport, PR8 6PN  
Tel: (01704) 547471

**FOR APPOINTMENTS**

Telephone (01695) 656680  
Email [soh-tr.appointments@nhs.net](mailto:soh-tr.appointments@nhs.net)

Please remember to complete the **attached Friends and Family Test**.

Alternatively, you can complete the *Friends and Family Test* on-line by going to: [southportandormskirk.nhs.uk/FFT](http://southportandormskirk.nhs.uk/FFT)  
**Thank you**

Owner: Joanne Kenyon

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