



Nigel Donnachie
Consultant Hip & Knee Surgeon

KNEE ARTHROSCOPY

A Knee Arthroscopy is a procedure which is used to investigate knee problems and treat certain conditions, such as a torn cartilage.

What does a knee arthroscopy involve?

Knee arthroscopy is carried out under a general anaesthetic. It does not usually require an overnight stay in hospital.

Once you are asleep, Mr Donnachie will begin by assessing the movements of your knee. The ligaments of the knee can be tested easily as the muscles are relaxed. Two small cuts are then made in the front of the knee and the arthroscopic camera is passed through one of these cuts to allow an internal examination of the joint. This allows Mr Donnachie to examine:

- The two menisci (cartilages) of the knee
- The articular (joint) surfaces
- The cruciate ligaments
- The synovium (the lining of the knee)

The other cut provides an entry point for the surgical instruments which are required as part of your procedure. The extent and nature of the procedure will depend upon the findings when the arthroscopy is performed. Common findings include a partially torn meniscus (cartilage), a loose body (a fragment of bone or cartilage) or an area of degeneration (arthritis).

Arthroscopic procedures

Common arthroscopic procedures include:

- Partial meniscectomy (removing a torn part of the cartilage)
- Meniscal repair (stitching the tear together with absorbable thread or absorbable darts).
- Debridement (smoothing of an area of irregular bone).



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- Lateral retinacular release (a release of the soft tissues to allow the kneecap to glide smoothly).
- Plica division (separation of tissues within the knee)
- Removal of loose bodies

The small cuts at the front of the knee are closed using an absorbable suture. Two small dressings and a wool and crepe bandage are then applied.

Prior to discharge you will be seen by a physiotherapist and mobilised. You will be allowed to go home when safe.

Risks of surgery

Knee arthroscopy is a relatively minor operation. However, all operations carry a small risk of complications. These include:

Medical Risks

- Heart attack
- Stroke
- Developing a clot in one of the blood vessels of the legs (deep vein thrombosis) or the lung (pulmonary embolism)

Infection Risk

Occasionally an infection may develop either in the wounds or the knee itself. To reduce the risk of this happening strict aseptic techniques are used throughout the procedure. You will also be given a single dose of antibiotics during the operation to help minimise the risk of infection occurring.

What are the alternatives to knee arthroscopy?

A Knee Arthroscopy is only recommended when non-surgical treatments such as physiotherapy are felt to offer no significant benefit. However, ultimately the decision to



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undergo surgery is yours as only you know the extent to which your symptoms are affecting your day-to-day activities.

Aftercare

The bandages around your knee can be removed after 48-72 hours. Try to keep your dressings in place until you are seen back in clinic. Avoid getting your wounds wet.

You will be reviewed in the outpatient's clinic approximately 14 days' post operatively. Your sutures will be removed in clinic.

Occasionally, outpatient physiotherapy is required, depending upon the procedure performed. If this is necessary, it will be arranged for you.

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