

KNEE ARTHROSCOPY - PATIENT INFORMATION

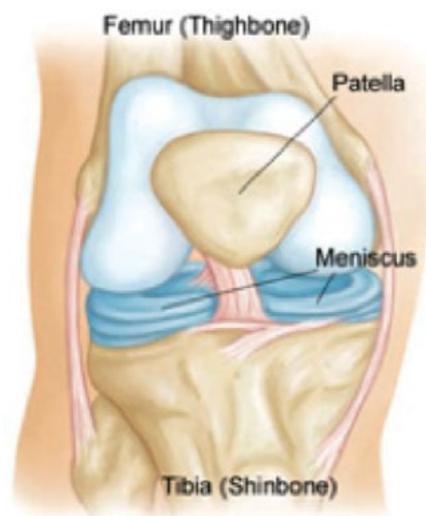
✚ OVERVIEW

Knee arthroscopy or keyhole surgery of the knee joint, is a very commonly performed operation. It may be used to:

1. remove meniscus (shock absorber) tears
2. repair meniscal tears
3. remove loose fragments from the joint
4. biopsy lesions within the knee
5. remove or smooth cartilage flaps from within the knee
6. remove inflamed joint lining
7. in conjunction with other knee operations (such as ligament surgery)

The usefulness of this operation in the treatment of meniscus tears has recently been brought into question and is discussed below.

✚ ANATOMY



The meniscus is a special type of cartilage within the knee. It acts to distribute load and force within the joint. The meniscus also has a role in providing stability to the joint. There is a medial (inner knee) meniscus and a lateral (outer knee) meniscus. The medial meniscus is a more fixed structure and is more commonly injured than the lateral meniscus.

Very broadly speaking meniscal tears can be **traumatic** or **degenerative**.

Degenerate meniscal tears are common and are a normal part of the ageing process. The same type of collagen that is in our skin is in the meniscus and just as we look older as the years progress our meniscus undergoes degenerative changes over time. Degenerative tears in those over the age of 60 should be thought of as normal. These tears may not be associated with a specific event, are not particularly painful and do not cause the catching or locking that occurs with traumatic tears. For these types of tears there is a body of evidence suggesting that the results of an arthroscopic debridement or removal of the tear are no better, and in fact may be worse, than no surgery. This position is supported by the Australian Orthopaedic Association and was the subject of a recent expose on the television. For these types of tears I would recommend a prolonged period of non-surgical management and potentially an injection into the knee combined with physiotherapy.

Traumatic meniscal tears are associated with a specific event that you will remember. Typically these types of injury are associated with a twisting event with a flexed knee. They will be **painful** for a period of days to weeks and will be associated with **swelling** in the knee. You

may feel a **click or catch** in the knee. Occasionally the knee may lock where it gets stuck in one position and is painful, or you cannot fully straighten the knee. You may have a sense of **instability** in the knee.

For traumatic tears the surgical options are removal of the torn portion of the meniscus or repair of the torn meniscus. The decision to repair is based on:

1. location of the tear
2. orientation of the tear
3. quality of the meniscus
4. age of the patient
5. ability to participate in the required rehabilitation after a repair

If a tear is removed you are able to walk on the knee immediately after the procedure and return to work and sports within a timeframe measured in weeks.

If a tear is repaired you will need to be on crutches for 6 weeks and will be wearing a brace for this period. You will not be able to return to manual work with repetitive bending or squatting for a period of 3 months and will not be able to return to pivoting sports for 4-6 months.

The recovery from a standard knee arthroscopy (such as removal of a meniscus tear or a loose fragment) takes approximately 4-6 weeks. Because I have operated on the knee it will feel **more sore** for 7-10 days. During this period, while the wounds are still healing, I prefer you take things quietly and allow the knee to settle. If you try and pursue your regular activities too quickly, the knee may remain swollen and sore for a longer period. You should slowly build up your walking distance as the pain settles. I do not encourage running or returning to pivoting sports for 6 weeks after the surgery.

For post-operative pain control and wound management please see the relevant tabs on this website.

I will arrange to see you at around 10 days after the surgery to check your wounds. Please keep them clean and dry until this appointment. I will see you for a final review at 6 weeks post surgery.

This information is not exhaustive and if you have further questions I would be happy to answer them.

Regards,



Luke McDermott.