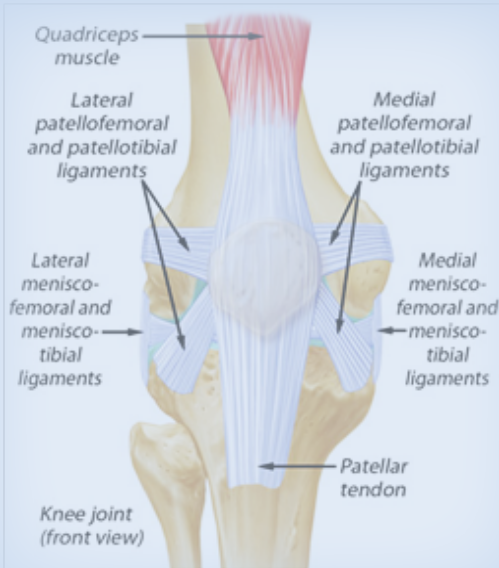


# Knee Arthroscopy



## Patient Information

## Introduction

This booklet provides information and advice about your Knee Arthroscopy. The information will aid your recovery and rehabilitation during your stay at the James Paget University Hospital and once you are discharged home.

Depending on the outcome of your surgery, you may not need to be seen by a Physiotherapist before you are discharged. If you do not, please follow the advice in this booklet and that of the nursing staff on the ward.

The aim of your surgery and post-operative advice is to reduce your pain, reduce stiffness and improve the movement in your knee, which will in turn improve your walking.

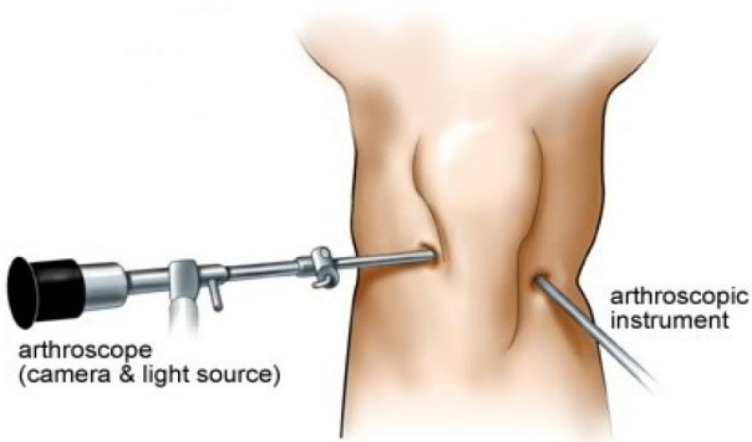
## Knee Anatomy

The knee is a hinge joint that is surrounded by a watertight capsule that contains cartilage and ligaments.



## Reason for surgery

A knee arthroscopy is a surgical technique that can diagnose and treat problems in the knee joint. During the procedure, your surgeon will make small incisions and insert a tiny camera — called an arthroscope — into your knee. This allows them to view the inside of the joint on a screen. The surgeon can then diagnose a problem with the knee and correct the issue using small instruments.



## Your Hospital Stay

The surgery is usually a day case procedure; however it may require an overnight stay depending on your recovery. If required, you will see a physiotherapist before you are discharged home to discuss your rehabilitation.

## Post-operative advice

### **You are able to fully weight-bear through your knee**

This means you are allowed to put as much weight on your leg as your pain allows.

### **Please remember in the first 24 hours after general anaesthesia you must:**

- NOT drive a car or ride a bicycle
- NOT drink alcohol or take sleeping tablets
- NOT operate machinery
- NOT sign important documents or make important decisions
- BE CAREFUL when using electrical appliances - your co-ordination and reaction time may be affected
- REST quietly for the remainder of the day and do not return to work
- EAT normally and DRINK plenty of fluids.

## Anti-embolism stockings

On the day of your operation you may be given a pair of stockings, which you would need to wear for six weeks (night and day). The aim of these stockings is to reduce the risk of blood clots. The only time these should be removed is for your legs and feet to be washed. If needed, you will be given two pairs, so you can wear one and wash one. You will need someone to help you put on and take off the stockings. The Red Cross are no longer available to help with this.

## Wound care

You will have two to four small wounds which will be closed with dissolvable stitches. Keep the wounds dry until they are healed, which is normally within eight to 10 days. You can wash or shower with your waterproof dressing straight after your operation but do not put your leg/knee under water, e.g. do not take a bath or swim. Do not rub over the wounds and ensure to pat dry.

When the knee is comfortable the pressure dressing i.e. tubigrip or crepe bandage may be removed. Plasters should then be applied to the wounds for protection.

## Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which antibiotics you might need. Please do not attend your local GP Practice for a review of your wound if you believe it is infected.

Avoid using spray deodorant, talcum powder, perfumes or creams near or on the wounds until they are well healed to reduce the risk of infection.

## Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and walk as able.

## Ice and swelling

You may experience swelling of your knee for up to six weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

Sit down and place your heel on a foot stool. Make sure you place a protective layer between your skin and the ice, e.g. a

damp tea towel. A large bag of frozen peas is an excellent ice pack. Remove the ice after a maximum of 15 minutes. You can repeat this up to four times a day.

## Movement and function

Provided the knee is comfortable you may bend it and walk on it normally. If it is very uncomfortable you should rest with your leg up.

Sometimes, you may need a walking aid, e.g. elbow crutches, to help you walk for the first few days after the surgery. If required these will be provided to you.

It is important to follow the advice given to you by your surgeon, nurse or physiotherapist when you return home to avoid stiffness and loss of movement.

## Rest

While regular exercises and walking are very important, it is advised to take adequate breaks to rest your leg. You should gradually increase the amount of activity and exercises as your pain allows. If pain and swelling does not reduce then please contact your consultant.

## Sleeping

You can sleep on either side but it may be more comfortable to sleep on your back or on the non-operated side. If you are sleeping on your side then it may be comfortable to put a pillow in between your knees.

## Sexual activity

You can resume sexual activity when you feel ready.

## Sports

Your surgeon will advise when you can return to high impact sports or activities such as running and jumping. Usually this is after six to 12 weeks but following some operations this may

take longer. Discuss with your surgeon your preferred choice of sport or activity if you have any concerns.

## Return to work

Returning to work depends solely on what your job entails. You may be able to return after 48 hours for light work or you may need longer if the knee is very uncomfortable or for more physical work. If you are in doubt speak with your consultant at your follow-up appointment. If you require a Fit Note, please ask the ward staff after your operation.

## Driving

Your surgeon will advise you when to start driving. Generally this is one to two weeks after your operation if you are fully weight-bearing. You must be pain-free and not taking strong pain medication. You need to be able to fully control your vehicle when driving to comply with the Road Traffic Act. It is always recommended to tell your insurance company about your procedure before returning to driving.

## Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within six weeks of your operation due to the risk of a clot. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.



## Physiotherapy exercises

The following exercises should begin immediately following your surgery. We recommend you do each five to 10 times, three to four times per day. However you can increase the number of repetitions if this is comfortable for you.

The exercises are important to build up your strength and reduce stiffness, which will help to improve your walking.

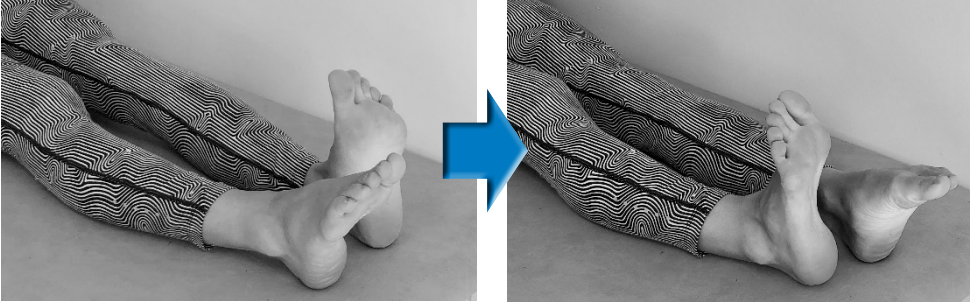
Prior to completing your exercises, ensure that you have taken adequate pain relief to allow as this will allow you to complete your exercises effectively.

The following exercises should not make your pain worse, however if they are too uncomfortable please contact your consultant or community physiotherapist.

## Exercise 1 – Ankle Pumps

Slowly move your foot up and down, i.e. bring your toes up towards you and push them away. You can do this exercise in bed or sitting in a chair.

In bed



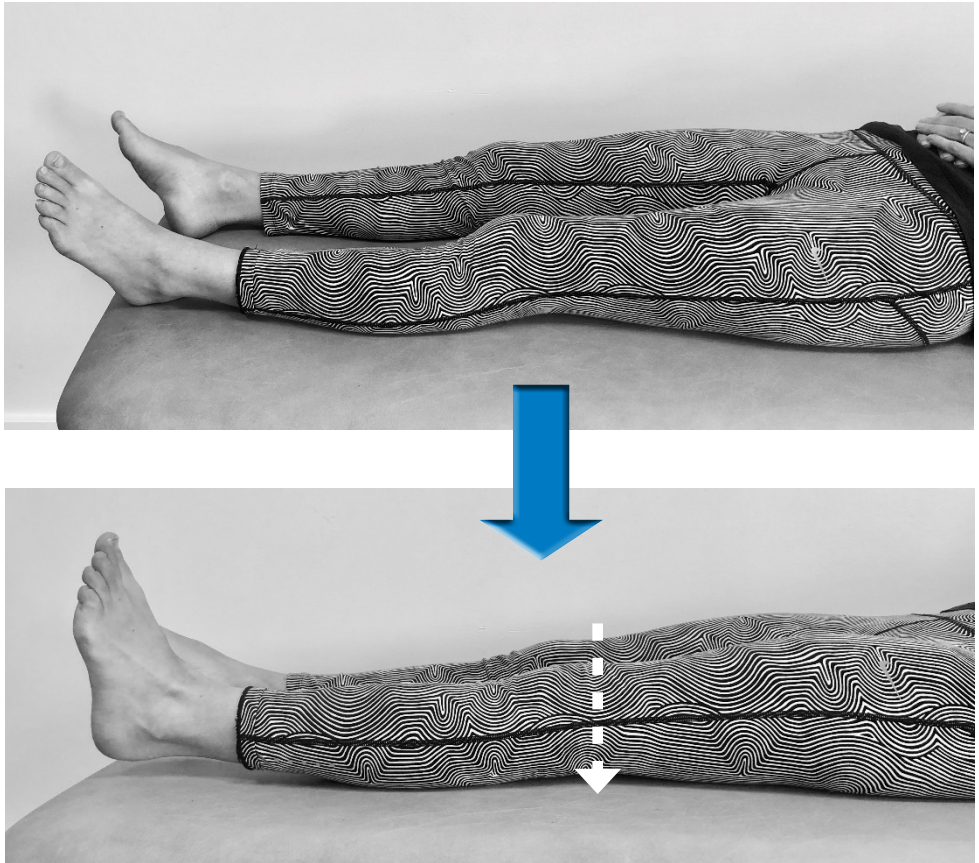
In the chair



## Exercise 2 – Static Quadriceps

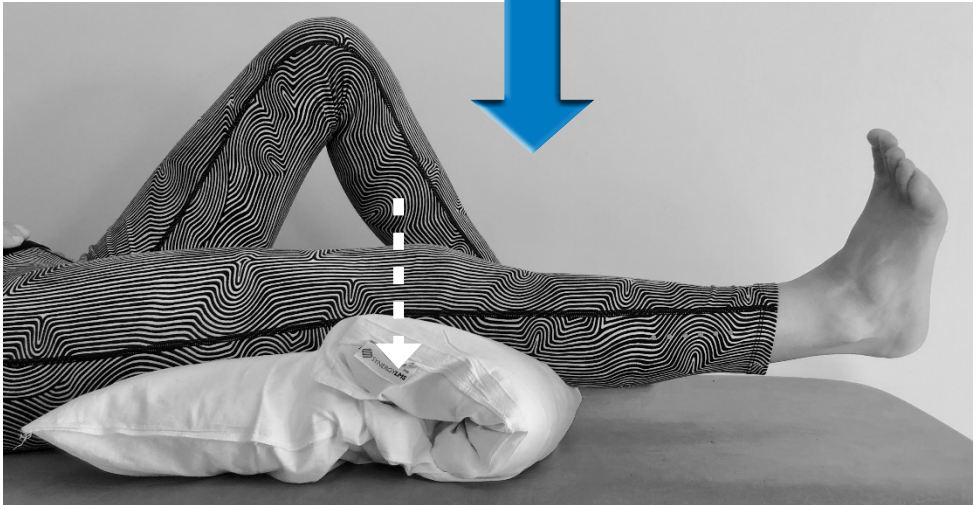
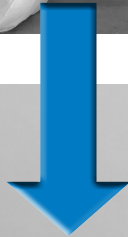
Sitting up with your leg straight or lying on a bed, pull your toes up towards you and push your knees down into the bed. Hold for up to five seconds then relax. You should feel your thigh muscles tightening.

This exercise is important to strengthen the muscles which straighten your knee, which is important for walking.



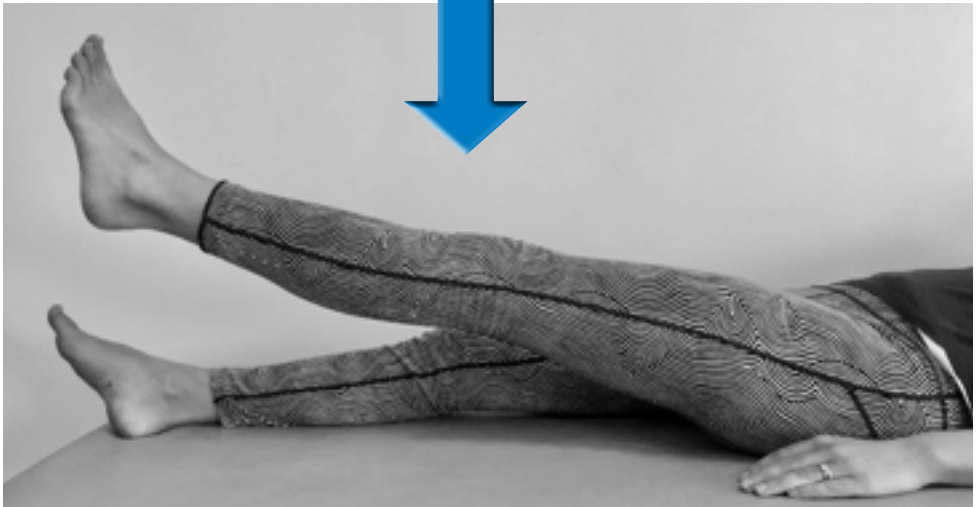
### Exercise 3 – Inner Range Quadriceps

Put a rolled up towel underneath your knee so your knee is slightly bent. Lift the heel up to straighten the leg. Hold for up to five seconds and then lower the heel back to the bed.



## Exercise 4 – Straight Leg Raise

Lying down on a bed or settee tighten your thigh muscle to straighten your knee and then lift your leg off the bed approximately 3 inches, hold for a count of five then lower it slowly back to the bed or settee.



## Exercise 5 – Knee Extension

Sit on the edge of the bed or in a chair. Attempt to straighten your knee out in front of you by lifting your foot off the floor; hold for five seconds. Continue to practise even if you cannot lift your leg, as you are still working the muscles; this exercise is important to strengthen the muscles which straighten your knee.



## Exercise 6 – Heel Slides

Sit on the edge of the bed or in a chair. Practise sliding your foot back towards you; once it is as far as your pain will allow you to go, tap your toes on the floor five times, and then slide your foot back further. This is important to improve your knee bend, which helps with walking and stairs.



## Daily exercise completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best results following your surgery. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table overleaf to keep record of when you are doing them.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Week 1</b>							
<b>Week 2</b>							
<b>Week 3</b>							
<b>Week 4</b>							
<b>Week 5</b>							
<b>Week 6</b>							

## Steps and Stairs

If you have stairs at home, a therapist on the ward will practice these with you. If you only have one banister on your stairs, and you are using crutches or sticks, you will be given an extra crutch/stick to take home. This extra (third) crutch/stick means you can leave one downstairs, one upstairs, and then the one you're using to complete the stairs. If you do not have a banister, the ward therapist will demonstrate how to complete the stairs.

If required you can practise any steps you have to access your property. The method is the same, but you may not have a rail to assist, so you may need to use two crutches/sticks.

The rule is:-

***Non-operated leg goes up first,***

***Operated leg goes down first***

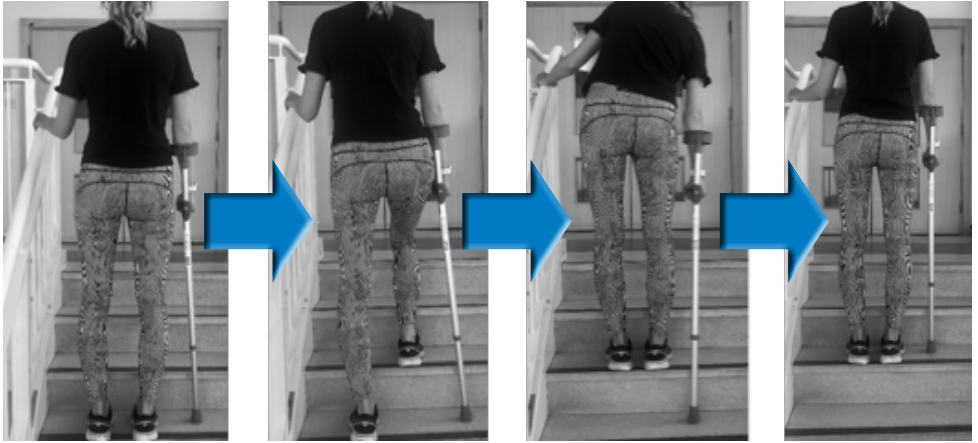
***Or***

***Good foot to Heaven,***

***Bad foot to Hell***

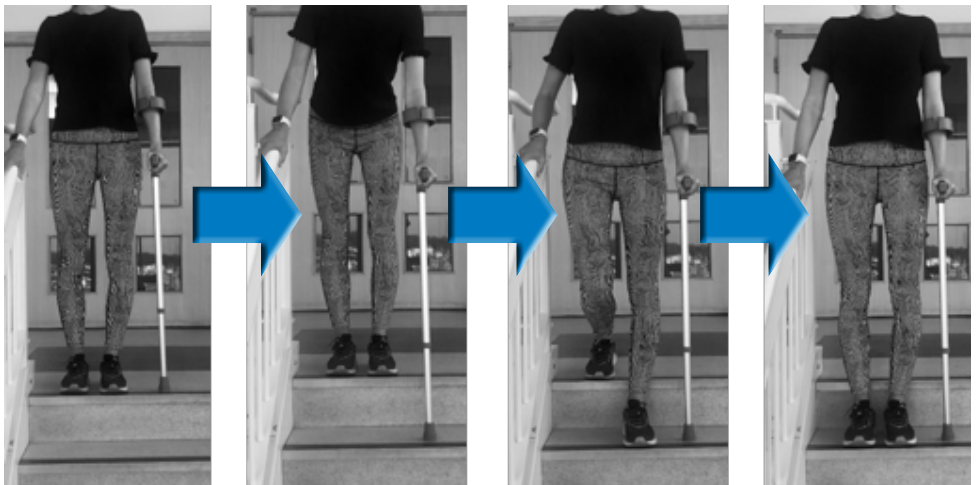
## Going Up the Stairs

Hold onto the banister, with your walking aid in the opposite hand. Lead with your non-operated leg, then the operated leg, then the walking aid.



## Going Down the Stairs

Hold onto the banister with your walking aid in the opposite hand. Lead with your walking aid, then operated leg, then your good leg.



## What happens when I am discharged?

You are expected to complete your exercise regime on discharge.

You will be reviewed by your surgeon approximately two weeks after your procedure where the findings and surgery can be fully explained.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

## Community physiotherapy

If you require further physiotherapy input on discharge, your ward Physiotherapist will refer you to East Coast Community Healthcare (ECCH) for your community physiotherapy. The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

If you have been referred by the ward team for further physiotherapy, ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact them directly on 01493 809977.

If you have not been referred and once home you feel that you would benefit from more physiotherapy you are able to self-refer to ECCH. Please visit [www.physio.ecch.org](http://www.physio.ecch.org) or call 01493 809977 to arrange an appointment.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

## Useful Contact Numbers

Hospital Switchboard	01493 452452
Day Care Unit, Primary Number	01493 452022
Day Care Unit, Secondary Number	01493 453006
Elective Unit, Ward 22	01493 452331
British Red Cross	01493 452080
Orthopaedic Therapy Office	01493 453849
ECCH, Community Physiotherapy	01493 809977

<http://physio.ecch.org>

If you encounter any problems after discharge related to your wound, or medications, please contact the Day Care Unit, Orthopaedic Clinic or your Consultants Secretary for advice as soon as possible.

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## Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

**TRUST VALUES: We CARE for...**  
*our patients... each other... ourselves*

### BEHAVIOURS:

**Courtesy and respect**

**Attentively kind and helpful**

**Responsive communication**

**Effective and professional**

**#Proud  
of the  
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version  
of this leaflet, contact  
PALS 01493 453240**

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