CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Knee arthroscopy

Why this operation has been suggested

Dr Kieran Hirpara, a knee surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. Our assessment takes a history, examines your knee, and arranges imaging where needed. For long-standing problems we usually try non-operative care first, such as activity change, physiotherapy, splinting or injections. We consider surgery when that has not given enough improvement.

Knee arthroscopy is keyhole surgery. The surgeon looks inside your knee through small cuts using a thin camera, and can treat problems found there. We typically suggest it for people with swelling, locking, catching or the knee giving way, when examination and plain x-rays point to a cause inside the joint. An MRI scan is not always needed before this operation. For wear-and-tear arthritis, we may recommend it after 3 months of exercise therapy has not relieved your symptoms. The operation aims to relieve pain and improve how your knee moves and functions.

Before the operation

Before your operation, you will need to stop eating and drinking for seven hours. We ask for seven hours rather than six so we can bring you forward if the theatre list runs early. Your surgeon will tell you which medications to stop and when, so bring a written list of everything you take. Arrange for someone to drive you home afterwards, as you will not be in a fit state to drive. Wear loose, comfortable clothing on the day. Imaging such as x-rays or an MRI scan helps plan the operation, and we will already have these from your assessment. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, but most people do not.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, who looks after your anaesthetic and pain relief during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the

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anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you wake up in the recovery area. Nurses watch over you there while the anaesthetic wears off. Once you are stable, you either go to a ward or go home, depending on the procedure and your recovery. Many people go home the same day.

What the operation involves

Knee arthroscopy is keyhole surgery. Your surgeon makes two or three small cuts, each about 1 cm, around the front of the knee. Through one cut goes a thin camera that shows the inside of the joint on a screen. The other cuts let in slim instruments. Some problems sit at the back of the knee, and a further small cut may be needed there to reach them.

What happens inside depends on what is causing your symptoms. Loose pieces of cartilage or bone that make the knee lock or catch can be removed. A torn meniscus, the rubbery pad that cushions the knee, can be trimmed back to a smooth, stable edge. Worn or frayed cartilage on the joint surfaces can be tidied up with a small shaving instrument. If the cartilage damage goes down to bone, your surgeon may make tiny holes in that bone surface so it bleeds. The blood forms a clot that slowly turns into a patch of new, smoother tissue, a process that takes about 8 weeks. The knee is also flushed out with fluid during the operation, which washes away loose debris and irritated tissue.

The cuts are small, so they are closed with simple stitches or strips and covered with a dressing. Because the cuts are tiny, there are no big wounds to heal. Most people had no knee-related activity restriction 4 weeks after arthroscopy, and the operation is done as day surgery for many people. Your surgeon will let you know what was found inside the knee and what was treated, which helps guide your recovery plan.

After the operation

You wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Your knee will have a dressing over the small cuts, and we leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Pain relief is planned for you before you leave, and your team will explain what to take and when. Most people walk on the same day with help from the nursing staff. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital.

Recovery

Your knee will be sore and swollen for the first few days. The swelling usually peaks early and then settles over the following weeks. Keeping your knee raised when you sit or lie down helps, and ice packs ease the discomfort. Take the pain relief your team prescribed before you leave hospital, as planned pain relief works better than waiting for the pain to build.

Most people walk on the same day as the operation. Your physiotherapist will guide you through exercises that restore movement and build the thigh muscles that support the knee. Doing these little and often matters more than doing them hard. You can move around the house as you feel able, and many people manage light daily tasks within days. Avoid heavy lifting, squatting and sport until your surgeon and physiotherapist clear you.

The small cuts heal quickly, and the dressing stays on for about 10 days until we review it. As the swelling settles, bending and straightening feel easier. Once you can walk steadily and your knee feels controlled, you can return to normal activities step by step. Driving can resume once you are off strong pain medication and can react in an emergency stop; see our guide on driving after surgery for the details that apply to you.

Recovery varies from person to person. Some knees settle within a couple of weeks, others take longer. Your surgeon and physiotherapist will guide your timeline at each review.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Infection is the problem seen most often after this operation. The skin around the small cuts may become red, hot and tender, and redness can spread out from the wound. You might notice fluid or pus leaking from a cut, or feel feverish. Simple painkillers may not settle a deep, throbbing pain. Tell the clinic if you see any of these signs rather than waiting for your next visit.

A blood clot in the leg is the other problem we watch for. It usually shows as sudden swelling and tenderness in the calf, often in one leg more than the other. The calf may feel warm or look redder than usual. Some clots cause no symptoms at all, which is why we discuss this risk with you before the operation and take steps to lower it. If you get a swollen, painful calf, call the clinic the same day. If you become short of breath or have chest pain, go to the emergency department straight away.

Nerves near the knee can occasionally be irritated during keyhole surgery. This may feel like numbness, tingling or a patch of skin that has gone quiet. Most of these settle, but bring any numbness or tingling up at your review so we can keep an eye on it.

The knee can sometimes stiffen up more than expected after surgery. Bending or straightening may stay hard even as the swelling settles, and you might feel a catching or grinding sensation. Keep doing your physiotherapy exercises and tell your physiotherapist or surgeon if the knee will not loosen up.

Wound problems, such as a cut that keeps weeping or will not close, are uncommon but worth catching early. Mention anything unusual about the cuts when we review the dressing at about 10 days.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Most problems after this operation are uncommon, but a few need quick attention. Call us if you have a fever, increasing redness or discharge from the cuts, or sudden severe pain in your knee. Call us the same day if your calf becomes swollen and painful. Go to emergency if you become short of breath or have chest pain. Go to emergency if you lose feeling in your leg or cannot move it. If something feels wrong and you are unsure, call us rather than waiting for your next visit.

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