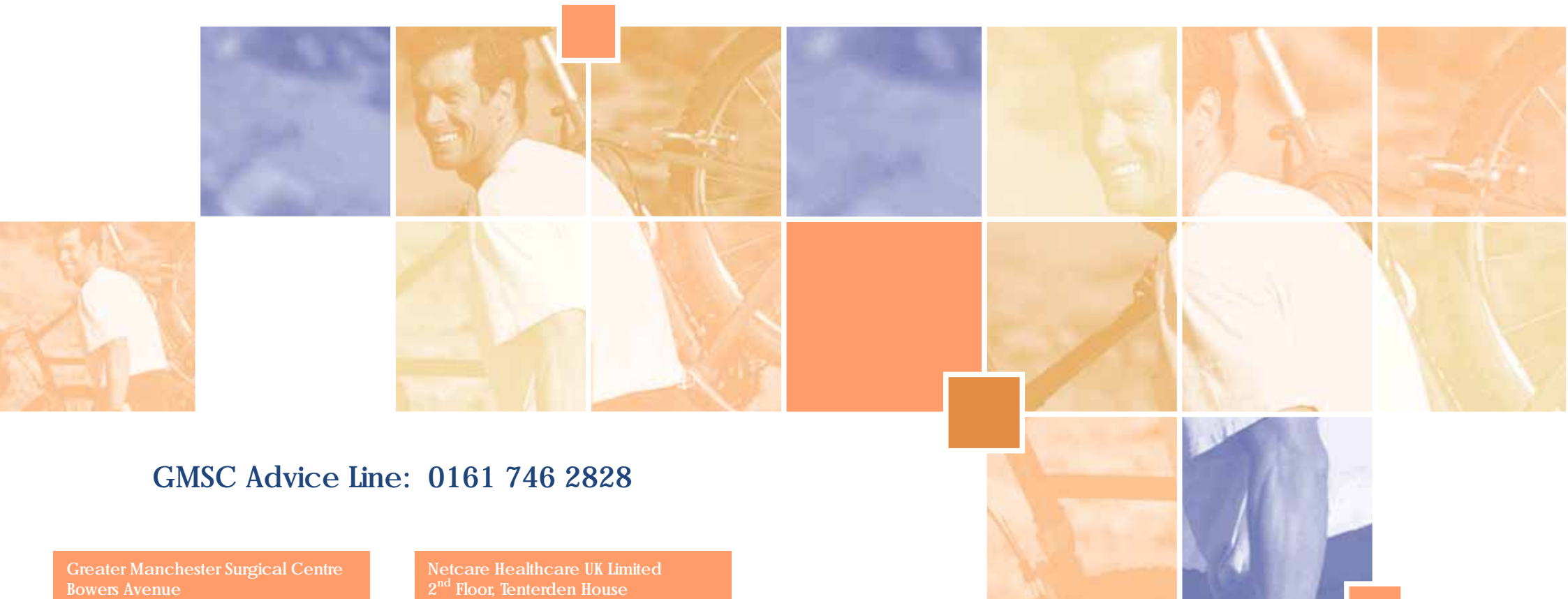


# Greater Manchester Surgical Centre

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## What You Need To Know About Knee Arthroscopy



UNITED KINGDOM

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NHS Treatment Centre



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NHS Treatment Centre





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## 1. Introduction

### 1.1 What is an arthroscope?

If you experience persistent pain, catching, locking, grinding or swelling in your knee, a procedure known as an arthroscopy may be performed to assist the orthopaedic surgeon in diagnosing the origin of the problem and treating the condition.

Today, arthroscopy is one of the most common orthopaedic procedures. The operation entails the insertion of an arthroscope, or pencil-sized instrument of not more than five centimetres in diameter, through small incisions in your knee. The incisions are tiny and are usually less than one centimetre in length. This special instrument provides the orthopaedic surgeon with a clear view of the inside of your knee. The arthroscope contains optic fibres that transmit an image of your knee through a small camera to a television monitor. This television image enables the surgeon to thoroughly examine the interior of your knee and determine the source of your problem. During the procedure, the surgeon can also insert additional surgical instruments through other small incisions in your knee to remove or repair any damaged tissues.

Modern or contemporary arthroscopy of the knee was first performed in the late 1960s. With technological improvements to the scopes and the use of higher-resolution cameras, the procedure has become a highly effective means of accurately diagnosing and treating knee problems. By providing a clear picture of the knee, arthroscopy can also help the orthopaedic surgeon decide whether

surgeon decide whether other types of reconstructive surgery would be beneficial.

Some of the conditions that may be diagnosed or treated by using an arthroscope include:

- A torn cartilage.
- Damage to the joint lining.
- Damage to the knee cap (patella).
- Arthritis.
- Loose fragments of bone or cartilage.
- Damaged joint surfaces or softening of the articular cartilage known as chondromalacia.
- Inflammation of the synovial membrane, such as rheumatoid or gouty arthritis (this occurs quite frequently on the inside lining of the knee).
- Abnormal alignment or instability of the kneecap.

### 1.2 Alternatives to surgery

Alternatives to knee arthroscopy include:

- Reducing your level of physical activity.
- Medications such as anti-inflammatory drugs which help reduce the swelling.
- Wearing a supportive knee brace or bandage.
- Physiotherapy.
- Open-knee surgery.

## 2. Before Surgery



## 2. Before Surgery

### 2.1 Pre-assessment clinic

Before your surgery, you will need to attend a pre-assessment clinic at the Greater Manchester Surgical Centre (GMSC). Here, you will be assessed by an orthopaedic surgeon and anaesthetist (the doctor who will administer your anaesthetic).

During your appointment, your full medical history will be taken. If necessary, the orthopaedic surgeon or anaesthetist may send you for further investigations such as blood tests, X-rays and/or an ECG. Don't be alarmed if you are required to undergo one or more of these investigations. The doctors have your wellbeing and best interests at heart and need to ensure that you are able to cope with the respective surgical procedure.

The anaesthetist will discuss the various methods of anaesthesia and the one best suited to you and your procedure (refer to the GMSC's Anaesthetic brochure). Your post-operative pain management plan will also be discussed.

It is very important that you discuss any medications you may be taking with the anaesthetist. If you are taking blood-thinners, you may be asked to discontinue them for some time before the surgery as they can increase the risk of bleeding and interfere with your surgery and recovery. For several days prior to your procedure, you will probably be instructed to avoid any aspirin, ibuprofen and all herbal or homeopathic preparations. You should continue to take your normal medicines up to and including the day of surgery, unless the anaesthetist or

to take your normal medicines up to and including the day of surgery, unless the anaesthetist or surgeon has explicitly instructed you otherwise.

Once you fully understand what the procedure entails, you will be asked to sign an informed consent form in the presence of the orthopaedic surgeon.

At your pre-operative assessment, the proposed date for your procedure will also be discussed and finalised.

### 2.2 Countdown to surgery

It is very important to refrain from eating or drinking anything for eight hours ('nil by mouth') before your operation, unless the doctor gives you other instructions.

Remove your dentures and all nail polish. Ladies are requested not to wear any make-up on the day of surgery.

Leave all jewellery, money, watches and valuables with family members. The GMSC cannot be held responsible for your valuables.

Make sure you wear casual, comfortable clothing which is easy to put on and take off eg. drawstring-style sweat pants, boxer-style shorts, or loose items. You will be allocated a locker for storing your clothing while you are in surgery.

If you have crutches, a knee immobiliser, or a brace, please bring them to the hospital on the day of surgery. You may need these after your operation.

You may also wish to bring along some reading material or crossword puzzles to occupy your time while you are in the hospital.

You will not be allowed to leave the hospital alone or drive yourself home so



You will not be allowed to leave the hospital alone or drive yourself home so arrange for a responsible adult to drive you to and from the hospital and have someone stay with you for at least 24 hours once you are back home.

### 3. During Surgery

The anaesthetist will start an intravenous line and will discuss the type of anaesthesia which will be administered. The majority of arthroscopies of the knee are performed as day cases. This means you should go home on the same day that you have your procedure. The arthroscopy is sometimes performed under regional anaesthesia although a general anaesthetic is more commonly administered.

Once in the theatre, the surgeon will make a small incision in your knee and will then pass the arthroscope through the skin into the knee joint. If necessary, additional surgical instruments may be inserted into the joint through other small incisions in the knee. At the conclusion of your surgery, the surgeon will close your incisions with a suture/stitch or paper tape. You may have a large bandage, brace or ice cuff on your knee.

### 4. After Surgery



### 4. After Surgery

When your surgery is complete, you will be taken to the recovery room where you can expect to stay for up to an hour. Your time in the recovery room will depend on the nature of your surgical procedure and the type of anaesthesia that was administered. Mostly, you can expect to go home on the same day that you have your procedure, usually within a few hours of your operation.

Your discharge from hospital is determined by your recovery from the effects of the anaesthetic and whether your pain is under control. The surgeon decides when you are ready for discharge and if he/she feels that additional observation is required, you may be admitted to the hospital for a night or more.

While you are in the recovery room, the nurses will frequently check your blood pressure, pulse, breathing and temperature. They will continue to monitor your recovery and provide medication for any pain and/or nausea. They will also check the sensation and circulation in your operated leg.

Before you are discharged, the nurses will review your discharge instructions and prescriptions. You will also be seen by a physiotherapist. A post-operative appointment will be scheduled before you leave the hospital, usually for six week's time. Remember that you are not allowed to drive and you will need a lift home.

Note: In order for us to maintain the quality of care and prevent any possible risks, we respectfully request your permission to exhibit your details at your bedside. Your initials, surname, doctor's name and possible risk factors, eg. diabetes, will be displayed above your bed on a small white board.

### 5. At Home



## 5. At Home

### 5.1 What to expect

It is normal to feel drowsy for 24-48 hours after your surgery. You will probably also need pain medication at regular intervals. The drowsiness and pain will gradually subside and you will feel a little better each day.

Recovery from knee arthroscopy is much quicker than recovery from traditional open knee surgery. Still, it is important to follow the orthopaedic surgeon's instructions carefully after your return home. You should ask someone to check on you the evening of your discharge from hospital.

Depending on the outcome of your procedure, your recovery can be instantaneous or gradual, taking up to 12 months.

You should only have moderate discomfort for the first few days; some stiffness and swelling for about three to five weeks; and can expect to be back to normal after eight weeks.

Using and exercising your affected knee after surgery can cause mild to moderate pain (that is if these activities were not prohibited by the orthopaedic surgeon). Pain medication and a period of rest should be sufficient treatment. It is important to realise that as with any surgery, it will take some time to heal and some activities will cause irritation that will present as pain, swelling and stiffness in the knee.

### 5.2 Pain control

### 5.2 Pain control

As your recovery progresses, so your pain will subside. Speak to the orthopaedic surgeon if your pain becomes worse. To ease any pain you may have, follow these helpful guidelines below.

- Apply ice for the first 24-48 hours after surgery as it will help reduce pain and swelling.
- Elevate your leg above the level of your heart as this will also reduce pain and swelling.
- Elevate your leg after exercise and always at night, with your knee above the level of your heart.
- Take pain medication as prescribed. Do not drink alcohol for the period that you are taking this medication.
- Take your pain medication 30 minutes before doing your exercises.

### 5.3 Wound care

You will leave the hospital with a dressing covering your knee. You may remove the bulky dressing the day after your surgery. You may shower, but should avoid directing water at the incisions. Do not soak in a bath tub and try to keep your incisions clean and dry.

### 5.4 Bearing weight

You will be able to walk unassisted after most arthroscopic surgery, but the orthopaedic surgeon may advise you to use crutches, a cane, or a walker for a while. As your discomfort subsides and you regain strength in your knee, so you will be able to lean more weight on your operated leg.



## 5.5 Driving

The surgeon may allow you to drive after about a week.

## 5.6 Rehabilitation

A physiotherapist will instruct you on how to use a crutch (if necessary) and on a range of motion and strengthening exercises. It is of the utmost importance that you do these exercises after your surgery as this will greatly assist in maintaining the knee's range of motion, reducing scar tissue and strengthening any weakened muscles.

If not specified otherwise by the orthopaedic surgeon, you should follow the physiotherapist's programme as soon as possible.

## 6. Prognosis

Arthroscopic surgery can successfully treat many knee conditions. However, certain problems such as arthritis tend to have a variable success rate.



## 7. Possible Complications

Complications are unexpected problems that can occur during or after the procedure. Most patients however, do not experience any complications. The possible complications following a knee arthroscopy include:

- Infection in the knee or in the surgical site.
- Damage to the artery.
- Excessive bleeding (haemorrhage) during or after the surgery.
- An allergic reaction to the anaesthetic.
- Damage to a nerve.
- Numbness at the incision site/s.
- Ongoing pain in the calf and foot.
- Excessive swelling and fluid drainage.

Contact the GMSC Advice Line on 0161 746 2828, call your local general practitioner, or go to the nearest Accident and Emergency Centre if you experience:

- Swelling, tingling, pain or numbness in your toes which is not relieved by elevating your knee above the level of your heart for one hour.
- Drainage that is foul smelling, green or yellow, or discharge where there was previously none.
- Fever.
- Chills.
- Persistent warmth or redness around the knee.
- Persistent or increasing pain.
- Significant swelling in your knee.
- Increasing pain in your calf muscle.
- Shortness of breath or chest pain.



## 8. GMSC Advice Line

The staff at the GMSC are available to assist you at any time. You can reach them by calling: 0161 746 2828.

## 9. About Netcare and the NHS Partnership

### 9.1 Netcare

Network Healthcare Holdings Limited (Netcare) is one of the largest integrated private healthcare organisations in South Africa. Listed on the Johannesburg Securities Exchange (JSE) in 1996, the Netcare group owns and manages 45 private hospitals and clinics, 61 specialised medical centres and 53 Medicross Family Medical and Dental Centres throughout South Africa.

In total, Netcare hospitals comprise 7 200 beds, 319 operating theatres; all of which are supported by over 2 200 medical practitioners in private practice. Collectively, over 4.8 million patients a year are cared for in medical facilities within the Netcare group.

Specialised hubs of clinical excellence focusing on disciplines such as cardiology, cardiothoracic surgery, neurosurgery, orthopaedic surgery, gastroenterology, oncology, ophthalmology, renal dialysis and organ transplantation, are located in numerous Netcare hospitals.



### 9.2 The Netcare/NHS Treatment Centre Partnership

During the past two years, Netcare has participated in four successful NHS Waiting List Initiatives which were specific to ophthalmology; orthopaedic surgery; and ear, nose and throat surgery.

Committed to reducing waiting times for those needing surgical procedures and to improving choice and access to facilities; in 2003, the NHS launched its Treatment Centre (TC) initiative, a programme designed to provide rapid, safe and effective medical treatment to patients on Waiting Lists.

Against the backdrop of its previous experience with NHS Waiting List Initiatives, Netcare was selected as the successful bidder for two such five-year TC initiatives; the first of which is based on a mobile ophthalmology chain that will perform 44 000 cataract procedures over five years. The second TC initiative will see 45 000 orthopaedic and general surgery procedures performed at the newly-constructed Greater Manchester Surgical Centre (GMSC) over the five-year period.

The Netcare/NHS partnership upholds the NHS' principle of delivering excellent service free at the point of access. Providing the highest possible quality of care while maintaining patient dignity at all times, is a fundamental objective of the partnership.

Netcare's medical team consists of highly skilled, experienced and professionally qualified consultant surgeons, anaesthetists and nursing personnel, all of whom are supported by administrative, technological and patient care teams.

We dedicate our efforts to providing you with quality care in a safe, efficient and caring environment.



