

Knee Arthroscopy

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The aim of surgery is to reduce pain, improve function, improve overall quality of life and mobility. Overall success rate is 95%.

What to Expect

- 2 weeks of swelling and discomfort requiring significant pain killers
- 6 -12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

Possible Complications of Surgery

- Wound infection
- Deep joint infection
- Deep vein thrombosis (DVT)
- Nerve injury
- Failure of surgery or revision surgery required
- Heart attack
- Chest infection
- Pulmonary embolism

Risks

- 5% chance of minor complication
- 0.5-1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery

Post Operation Wound Care

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

After your Knee Arthroscopy: A Rehabilitation Guide

The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist.

Microfractures are sometimes performed as part of the surgery (to assist healing). If this is the case, you will be touch or non-weight bearing for 6 weeks. This will alter some of the below weight bearing exercises. Discuss this with your Physiotherapist.

Notes below in italics are guidelines intended for your Physiotherapist.

Week 1

- Use crutches (and weight bear as you're able to) for 1-3 days, or as required. Try to walk as close to a "normal" walking pattern as possible.
- You can use ice 15-20 minutes, 3 x/day for pain relief.
- You can use a compression bandage such as double layer tubigrip to help minimise swelling.
- When resting, elevate your leg and ensure that your knee is straight.
- Minimise activities that make your swelling worse, such as excessive walking.
- *Avoid impact exercise or twisting for 4 weeks*
- *Upper body exercise for fitness.*
- *Do set exercises 3 times/day: eg. range of movement of knee flexion and extension (pronehangs, knee extension on bolster/towel), Straight Leg Raise, VMO/Inner Range Quadriceps, maintain core and hip strength.*

Weeks 2-3

- Continue to increase range of movement of knee (aim for full range of movement between weeks 2-4).
- Stationary bike – initially for 5 minutes with no resistance, increase duration and then resistance over time.
- *Lower limb strength exercises*
- *Balance and proprioception exercises as comfortable.*
- *Stretches as guided by your Physiotherapist.*
- *Driving: when you are feel safe and competent to do so. You may need to check with your insurance company to ensure that you're covered to drive.*

Week 3+

- Progress treadmill and exercise bike as able.
- Swimming when wound 100% healed. Avoid frog kick for at least 4 weeks.
- *Continue progressive resistance exercises*
- *Work and sports specific rehabilitation exercises.*
- *Continue proprioceptive exercises including single limb stance.*