

very uncomfortable to begin with. There will be small scars from the incisions.

Complications

Complications are unexpected problems that can occur during or after the operation. Most people are not affected, but the main possible complications of any surgery are excessive bleeding, infection or an unexpected reaction to the anaesthetic. Complications may require further treatment such as returning to theatre to stop bleeding, or antibiotics to deal with an infection.

Specific complications of arthroscopy can include the following:

- Accidental damage to the inside of the joint or a loss of feeling in the skin over the knee.
- Uncommonly, developing a blood clot in the veins of one of the legs (deep vein thrombosis or DVT). To help

prevent this, most people are given a compression stocking to wear on the unoperated leg during the operation. Alternatively, an injection of anti-coagulant (blood thinning) medication may be given.

- Keloid scars. A small percentage of people have an inherited tendency to form this type of scar, which are unusually red and raised.

The chance of problems depends on the exact type of operation and other factors such as the person's general health. The surgeon will be able to explain how the risks apply to each patient.

Further information

Patient Education Institute

www.nlm.nih.gov/medlineplus/tutorials/kneearthroscopy/op019101.html

A US interactive tutorial about knee arthroscopy. Viewing requires Flash plug-in.

Knee arthroscopy

Arthroscopy is a "keyhole" operation that is used to look inside and treat joints, especially the knee joint

It is performed through very small incisions in the skin, using a narrow telescope (arthroscope) attached to a video camera. Compared to open surgery, which involves a larger incision, keyhole surgery is less painful, carries less risk of infection, and enables people to recover more quickly.

Why arthroscopy?

An arthroscopy may be used to investigate knee problems, treat conditions such as arthritis and inflammation, take small samples of tissue, or repair damage to tissues and cartilage. The procedure can be done as a day case - without the need for an overnight stay in hospital.

Choosing an arthroscopy

Not everyone who has knee problems will need to have an arthroscopy. In many cases, the problem can be diagnosed using non-surgical methods such as MRI (magnetic resonance imaging) and some problems can be treated using physiotherapy. There are

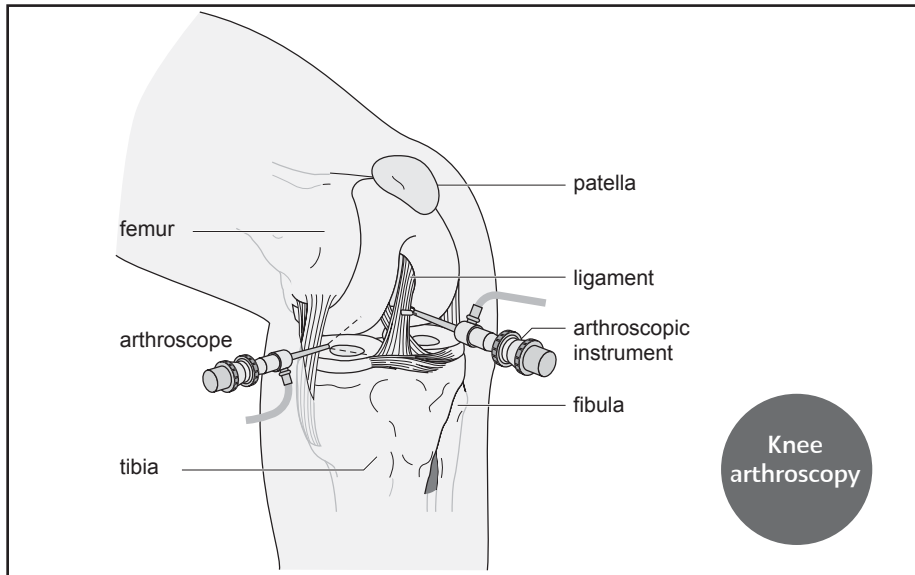
further details of possible side-effects and complications, over. The surgeon will be able to explain how the benefits and risks apply to you.

The operation

An arthroscopy is most often performed under a general anaesthetic as a day case. The operation can last from 30 minutes to over an hour, depending on how much work the surgeon needs to do inside the joint. Having a general anaesthetic means that the person is asleep and feels no pain throughout the procedure.

Typically, people are required not to eat or drink for about six hours before a general anaesthetic. However, some

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anaesthetists allow a few sips of water until two hours beforehand.

Once the anaesthetic has taken effect, a small incision (around 5mm long) is made in the skin around the joint that is being treated. Sterile fluid is pumped inside to help produce a clearer picture of the inside of the joint. Another small incision is made for the arthroscope, which is about the thickness of a ballpoint pen.

The surgeon will then view and probe the joint, looking directly through the scope or at pictures it sends to a video monitor. If necessary, other instruments can be inserted to repair damage or remove material that interferes with movement or causes pain.

The fluid is drained out of the joint at

the end of the procedure. The incisions are closed with stitches.

What to expect afterwards

It will be necessary to rest for a while after coming round from the anaesthetic. The knee may feel stiff and sore and painkillers may be needed to relieve the discomfort. However, most people do not need crutches or splints after an arthroscopy.

If the operation has been planned as a day case, most people are able to go home once they have recovered from the anaesthetic. However, anyone who has a general anaesthetic will need to be driven home and have a responsible adult to stay with them for the next 24 hours.

A general anaesthetic can temporarily

affect co-ordination and reasoning skills, so people are advised to avoid driving, drinking alcohol, making any vital decisions or signing legal documents for 24 hours afterwards.

Before discharge, a nurse will give advice about caring for stitches and bathing, and a physiotherapist will also visit to help get the joint moving and to discuss exercising at home.

Once home, it may be necessary to continue taking painkillers as advised by the nursing or medical staff. The joint is likely to be quite sore, so anyone who has this operation needs to be prepared to take it easy for at least a few days and avoid any strenuous exercise, lifting or carrying. Driving should be avoided for the first 48 hours.

There will be a dressing and an elasticated bandage over the operation sites, applying pressure to assist with healing. The joint area will need to be kept clean and dry for about a week. Waterproof plasters should be used over the wounds when showering. Soaking the joint in the bath should be avoided until healing is complete. The plasters can be replaced every few days.

Exercises recommended by the physiotherapist are a crucial part of the recovery process, so it's essential to continue with them as directed. The leg should be kept up on a chair or footstool when resting. This will help to minimise swelling.

There may be some discomfort from the joint, and some swelling, for around two weeks after surgery. This can last longer if the treatment has been for arthritis. Most people are able to return to work two to three days after knee arthroscopy, although it may be longer if their job involves bending, lifting or carrying.

It's usually possible to go back to usual physical activities or sports after around three weeks. The surgeon will provide more advice about this in each individual case.

Side-effects and complications

Arthroscopy is a commonly performed and generally safe surgical procedure. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, in order to give informed consent, anyone deciding whether or not to have this procedure needs to be aware of the possible side-effects and the risk of complications.

Side-effects

Side-effects are the unwanted but usually mild and temporary effects of a successful procedure. Examples of side-effects include feeling sick as a result of the general anaesthetic, although medicines are available to help avoid this. For this operation, there is also likely to be some pain and stiffness around the joint, which may last a few weeks and can make moving around