

PATIENT INFORMATION

A publication of Jackson-Madison County General Hospital Surgical Services

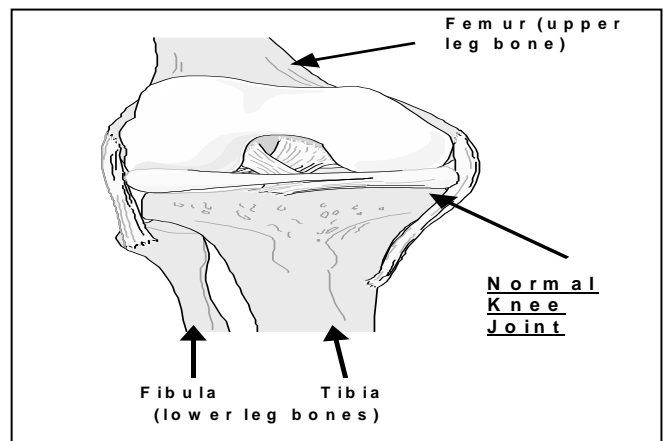
Knee Arthroscopy

What is knee arthroscopy?

Knee arthroscopy has become one of the most common procedures used to diagnose and treat knee injuries. It is a minor surgical procedure that is done on an outpatient basis. The doctor makes several small incisions (cuts) around the knee and then inserts the arthroscope (a small tube-like instrument) into your knee. This allows the doctor to see the entire knee joint. In many cases he will also be able repair some injuries.

Knee arthroscopy can be used to diagnose problems with ligaments or tendons (the connective tissue in the knee), inflammation, fractures, the presence of loose tissues or objects, and degenerative joint disease.

By using an arthroscope instead of making a large incision, your recovery is less painful. You will also return to daily activities sooner and with less discomfort.



Why would one need a knee arthroscopy?

You can injure a knee through a sports injury, a fall, or other kind of accident. Or an arthroscopy might be needed due to a gradual deterioration of the bone or cartilage in the knee joint. This may be caused by daily “wear and tear” or by arthritis.

Your doctor might recommend an arthroscopy if you are having problems with your knee such as pain, swelling, being unable to put full weight on your knee, or feeling a “pop” in the knee.

What will my doctor do before my knee arthroscopy?

You will be seen by a doctor that specializes in problems of the bones (an orthopedic doctor). This is the only type of doctor that does Knee Arthroscopies. The doctor will talk with you about your symptoms, find out how long you have been having the problem, and examine your knee. He will also talk with you about your other health problems. Following the exam, the doctor may order other tests. These may include:

- ◆ **X-rays of the knee:** These are done to provide a view of the bones to determine if a break (fracture) has occurred.
- ◆ **Magnetic Resonance Imaging (MRI):** This test can provide an X-ray view of ligaments and the surrounding tissue.
- ◆ **Arthrogram:** In this test, dye is injected into the knee and X-rays are taken to look for tears in the ligaments and surrounding tissue damage.

Where is the operation done? How long does it take?

The surgery may be done at the hospital or at the West Tennessee Surgery Center. Your doctor will tell you where to go. The entire procedure, usually takes about one to one and a half hours. This does not include the time going to surgery or waiting for the surgery to begin.

What do I need to do before my surgery?

- Shower the night before your surgery and in the morning before you come to the hospital with your soap UNLESS given a special soap.
- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach).
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- If you take medicine for your heart, blood pressure, or asthma, you may take this with a small sip of water before you come to the hospital. If you take medicine and/or insulin for diabetes, you need to ask your doctor if you should take this the morning of your surgery.
- Remove all fingernail polish.
- Remove all jewelry including body piercings.
- Do not wear any makeup.
- If you will be checking into the hospital on the day of your surgery:
 - Wear comfortable, loose fitting clothes that are easy to put on.
 - If you have crutches at home that you will be using after your surgery, bring them to the hospital with you.
 - Bring all medicines that you are taking to the hospital with you.
 - Do not bring valuables or large amounts of money with you to the hospital.
 - Someone must drive you home. You will not be allowed to drive yourself home.

What can I expect the day of surgery?

- If you are checking into the hospital on the day of your surgery, after you have been to the Admitting Office, you will be taken to a room. This may not be the same room where you will be taken after surgery.
- You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put your gown on with the opening in the back.
- You will be asked to remove all jewelry, glasses, hairpieces, contact lenses, dentures, prosthesis, and hearing aides.
- You will be asked questions about your medical history. Many of these will be the same questions that you have already been asked. Please know that we need to ask these again so that we can give you the best possible care.
- You may go straight to the operating room or you may go to the Pre-Anesthesia Unit (PAU).
- Your nurse will tell your family where to wait.
- You will be asked several times which leg the doctor is going to operate on. This leg will have a mark placed on it with a special pen.
- Your leg will be washed with a special soap and then shaved.
- You will have an IV (needle in your arm for fluids) started and you will be given medicine that will help you relax.
- You will be taken to the operating room. This room will be cold and your nurse will give you a warm blanket.
- You will have sticky pads placed on your chest so that the staff can watch your heart. A blood pressure cuff will be placed on your arm so that your blood pressure can be

frequently checked. A device called a pulse oximeter will be put on your finger. It will tell how much oxygen is in your blood.

- After your surgery starts, the nurse will call your family and tell them how you are doing.
- After your surgery is over, your doctor will call and talk to your family to let them know how you are doing.
- You will have your blood pressure, pulse, temperature, and oxygen level checked. The nurse will check your dressing for any signs of bleeding and will feel of the pulses in your feet.
- When you wake up, you may be wearing a knee immobilizer that was put on at the end of your surgery. This is sometimes used to keep your knee still after surgery. If your doctor wants you to wear a knee immobilizer, you will be taught how to use it.
- If you are in pain or if you feel sick to your stomach please tell the nurse.
- When you are awake you will be taken to your room.
- You will have a large bandage on your leg and you will not be able to bend it easily.
- Please call for the nurse to help you the first time that you need to get out of the bed. **Do not try to get up without help.**
- When you are fully awake, if you are not sick to your stomach, you will be given something to eat and to drink.
- You will be asked to go to the bathroom and empty your bladder (make water).
- After you eat, drink, and empty your bladder, most people are discharged to home. You will not be allowed to drive yourself home.

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Discharge Instructions

In the first 24 hours after surgery:

- ◆ It is important to have someone to drive you home and to stay with you the first 24 hours at home.
- ◆ Do not drive or operate machinery.
- ◆ Do not make important decisions or sign legal documents.
- ◆ Do not drink alcoholic beverages.

Activity:

- ◆ Keep the operated leg elevated on one to two pillows placed lengthwise (not just under the knee) for at least 48 hours after surgery. This will reduce pain and swelling.
- ◆ Put only as much weight on your surgical leg as advised by your doctor. Crutches are recommended for walking after surgery. Use your crutches as instructed.
- ◆ If your doctor wants you to use a knee immobilizer, you will be taught how to use it and told when you can stop using it.
- ◆ Daily knee exercises are important for the return of a functional and healthy knee. Your doctor will talk to you about what exercises to do and when you should begin doing them. Your exercises may include:
 - Knee bending exercises
 - Quad sets
 - Straight leg raises
 - Calf pumps
- ◆ Do not engage in activities that increase the pain or swelling in the knee.

Wound and dressing care:

- ◆ Keep your dressing clean and dry.
- ◆ Change and remove your dressing as instructed by your doctor.
- ◆ Use a plastic bag to cover your dressing if you wish to shower or bathe. (Do not put the affected leg in the tub).
- ◆ Notify your doctor immediately if your incision becomes wet or bloody.

Pain control:

- ◆ Ice packs should be used for the first 24-48 hours after surgery to reduce pain and swelling.
- ◆ Take your pain medicine as prescribed. Do not drink alcohol while taking this medicine.
- ◆ When taking your pain medicine, you may feel dizzy or lightheaded. Be careful when moving around and climbing stairs. Stand up slowly.
- ◆ Take your pain medicine 30 minutes before doing your exercises to decrease your pain.
- ◆ Do not drive or operate machinery while taking your pain medicine.

Keep your follow-up appointment with your doctor. Follow-up visits are important for your doctor to note your progress, change bandages, check for any problems, and evaluate your progress.

Call your doctor before your appointment if you have:

- ◆ Severe pain not relieved by your pain medicine.
- ◆ An increase in numbness or swelling of the leg.
- ◆ Color changes of your affected foot or leg.
- ◆ Swelling, drainage, or bleeding that gets worse in the area of the incision.
- ◆ Signs of infection such as redness, drainage that is foul smelling, or drainage that is green or yellow.
- ◆ Chills or temperature above 100.5° twice.
- ◆ Any other questions or concerns.

Other Instructions: _____

