

# **Knee Arthroscopy Surgery Information**

Below is some information regarding your operation, which is intended as a guide. Please read this. For any further clarification, or if you have any queries or issues, please contact my rooms as soon as possible on 9389 3855 or email: <a href="mailto:spenceradmin@hogwa.com.au">spenceradmin@hogwa.com.au</a>

With kind regards,

Mr Jonathan Spencer

# Risks and Benefits of Soft Tissue Knee Surgery

## Aim of Soft Tissue Knee Surgery

- Reduce pain
- Improve function
- Improve overall quality of life and mobility

Overall success rate: 95%

### **What to Expect**

- 1-2 days in hospital
- 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

# Risks

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

# **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

#### **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 Onwards

- 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.