Expires end of May 2023

Patient Information for Consent

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What is an arthroscopy of your knee?

An arthroscopy (keyhole surgery) allows your surgeon to see inside your knee using a camera inserted through small cuts on your skin. Your surgeon can diagnose problems such as a torn cartilage (meniscus), ligament damage and arthritis.

They may be able to treat some of these problems using special surgical instruments, without making a larger cut.

Your surgeon has suggested an arthroscopy of your knee. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

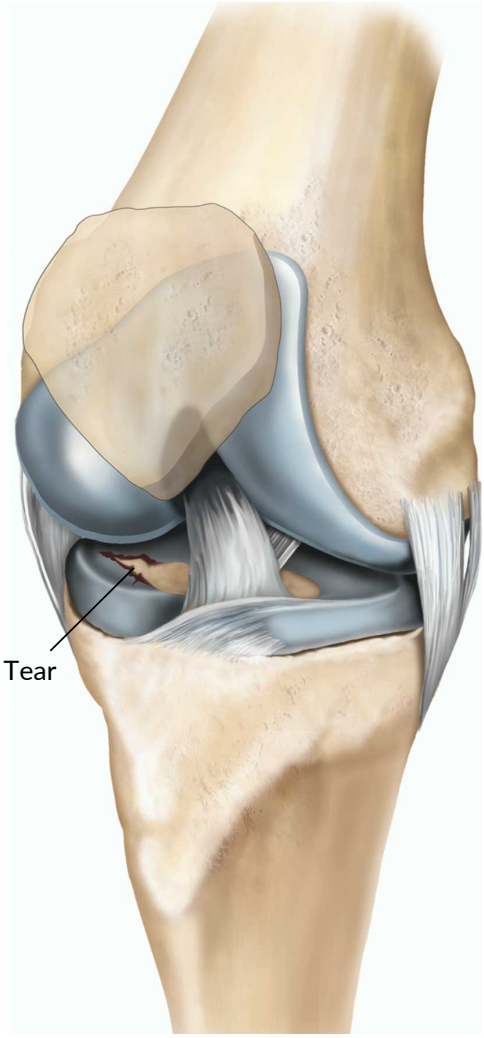
The aim is to confirm exactly what the problem is and for many people the problem can be treated at the same time. The benefit of keyhole surgery is less pain afterwards and, for some people, a quicker recovery.

Are there any alternatives to surgery?

Problems inside your knee can often be diagnosed using a magnetic scan (MRI scan) but you may then need an arthroscopy to treat the problem.

Your surgeon will discuss with you having a scan before the arthroscopy.

Physiotherapy and anti-inflammatory painkillers such as ibuprofen can sometimes prevent or delay the need for an arthroscopy.



Knee with a tear in the lateral meniscus

What will happen if I decide not to have the operation?

Damage inside your knee does not usually heal without treatment, although sometimes your knee will become less troublesome with time or after a course of physiotherapy.

If you have a torn cartilage, the tear can sometimes move out of place and cause your knee to lock. If your knee does not unlock again, you will need an urgent arthroscopy.

What does the operation involve?

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

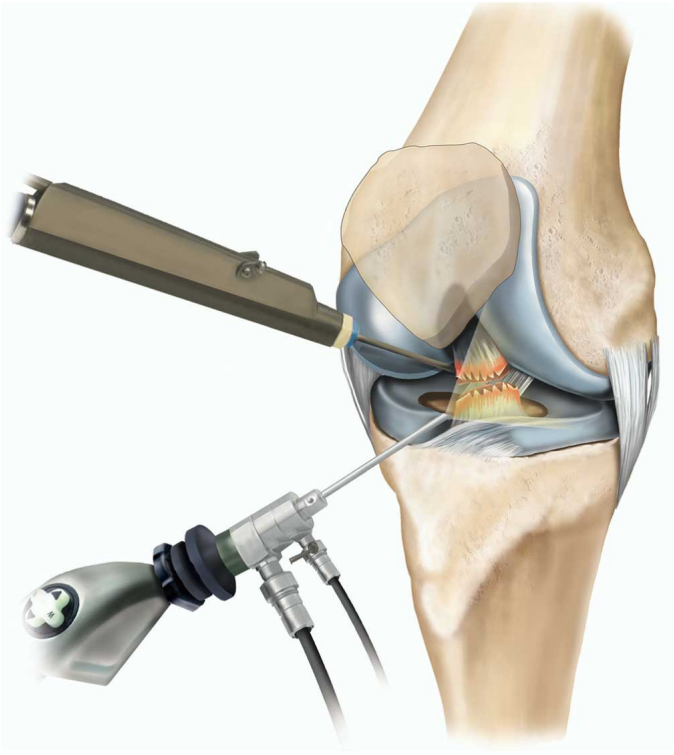
The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes 30 to 45 minutes.

Your surgeon will examine your knee ligaments while you are under the anaesthetic and your muscles are completely relaxed. They will insert a small camera through one or more small cuts around your knee.

Your surgeon will examine the inside of your knee for damage to the cartilages, joint surfaces and ligaments. It is usually possible for your surgeon to trim or repair a torn cartilage without needing to make a larger cut. Your surgeon will close your skin with stitches or sticky strips.

If you have torn your anterior cruciate ligament (ACL), you may need a reconstruction operation. This is a larger procedure but it can often be performed by an arthroscopy. Your surgeon will discuss this with you beforehand.



An arthroscopy of the knee

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker

or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and even cause death (risk: 1 in 5,000).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. This can cause a small lump under your wound that usually settles within a few weeks. If you get a lot of blood in your knee (a haemarthrosis), it will be swollen and painful (risk: 1 in 1,000). You may need another operation to wash the blood out.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 750). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 1,500). Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Damage to nerves around your knee, leading to weakness, numbness or pain in your leg or foot (risk: 1 in 1,500). This usually gets better but may be permanent.
- Infection in your knee joint (risk: 1 in 1,000). You will usually need another operation to wash out your knee and a long course of antibiotics. Infection can cause permanent damage.
- Severe pain, stiffness and loss of use of your knee (complex regional pain syndrome - CRPS). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your knee can take months or years to improve. Sometimes there is permanent pain and stiffness.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. Your surgeon may inject painkillers into your knee to help reduce the pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

- Unsightly scarring of your skin, although arthroscopy scars are usually small and neat.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will usually be able to get up as soon as you have recovered from the anaesthetic. You may need crutches to start with.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities.

You will have a bandage on your knee which you should leave in place for 2 to 3 days. It is common for your knee to be a little swollen for a few weeks.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

Your surgeon or the physiotherapist will tell you how much weight you can put on your leg and if you need to use a walking aid. Walking can be uncomfortable and you may need to take painkillers to help relieve your pain.

The physiotherapist will show you some exercises to help you to move around and improve your muscle strength.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most people make a good recovery and can return to normal activities.

Your surgeon will be able to tell you if you are likely to get further problems with your knee or need more surgery in the future.

Summary

An arthroscopy allows your surgeon to diagnose and treat some common problems affecting your knee, without the need for a large cut on your skin. This may reduce the amount of pain you feel and speed up your recovery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
Reviewer: Stephen Milner (DM, FRCS (Tr & Orth))
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