

Caring for your knee after arthroscopy

This information sheet is a general overview only and does not replace specific medical advice about your condition and how best to care for it.

Your procedure

You have had an arthroscopy of your knee. With this procedure, at least two small cuts have been made on either side of your kneecap to allow a camera and instruments into your knee.

Local anaesthetic has been injected around the cuts and into the knee to minimise the discomfort after the procedure. This can last anywhere between 5 and 12 hours. When this wears off your knee may become more painful. Pain tablets work best when your pain is starting so it is best to take your pain tablets early rather than waiting for it to worsen.

Unless you have been advised something different, take paracetamol first. You will have been prescribed stronger pain tablets that you can also take if needed. If you have been prescribed Panadeine Forte, this also contains paracetamol so you cannot take this and medications containing paracetamol such as Panadol, Panamax or Panadol Osteo at the same time.

Your Knee Dressings

The cuts on your knee are covered with white tape and waterproof adhesive dressings. These dressings are to remain intact until your follow up appointment. It is entirely safe to shower with these dressings, so long as the seal remains intact. If you need to change the dressings do not take off the white tape underneath. A bandage will also be on your knee. Leave this on for 24 hours to help keep the swelling down.

<u>Swelling</u>

It is normal for your knee to be swollen for 2 - 4 weeks after your surgery. For the first three days after your surgery keep your leg elevated as much as possible and take things easy. Try to ice your knee as much as possible for the first week. Keep ice applied for 20 minutes at a time with at least 20 minutes rest between icing.

Crutches

You may require crutches to help with pain or to follow post-operative weight bearing instructions.

Non weight bearing (NWB) is no weight at all through your affected leg.

Partial weight bearing (PWB) is usually $\frac{1}{2}$ (50%) of your body weight unless otherwise stated.

Full weight bearing (FWB) is normal weight usually with or without crutches.

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Exercises

To get the best results from your surgery, perform the following exercises 3 – 4 times a day:

Knee Lock

Put a rolled towel under your heel. Tighten your thigh muscle (quadriceps) and push the back of your knee into the bed. Hold this for 5 seconds, then relax. Repeat 20 times.

Knee Bend

Slide your heel up the bed towards your bottom as far as you can comfortably. Hold this position for 5 seconds then straighten your knee. Repeat 10 times.

Straight Leg Raise

Lie flat on a bed. Lock your knee out straight and lift your leg 30cm off the bed and hold for 5 seconds then relax. Repeat 10 times.

Reverse Knee Bend.

Begin this exercise 3 days after your surgery. Lie on your stomach and bend your knee back as far as is comfortable. Hold this for 5 seconds then straighten your knee. Repeat 10 times.



Return to functional activities

Activity	When you can expect to be able to do the activity
Return to work	Sedentary job: 1-2 weeks
	Manual job: 2-4 weeks
Driving	5-7 days
Swimming/Gym/Sport	2-4 weeks
Exercise Bike	1-2 weeks

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<u>Understanding your Arthroscopy photos</u>

Outer bridge classification of cartilage (chondral) injury

Grade I

This is used to grade the severity of the cartilage wear (arthritis) in different parts of the knee and may be indicated in some arthroscopic photos.

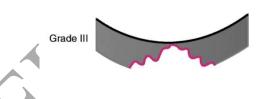


Grade 1: Softening

Grade 2: Fibrillation

Grade 3: Partial Thickness

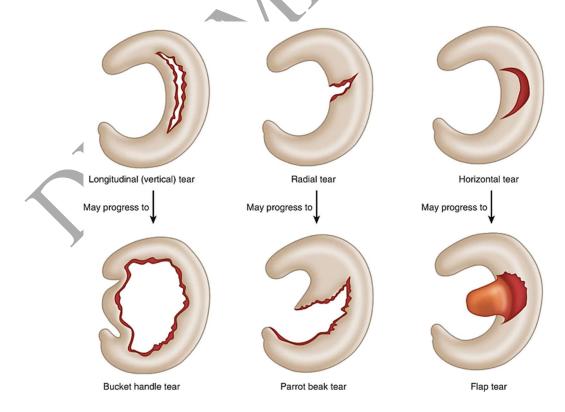
Grade 4: Full thickness with exposed.



Grade IV

Types of Meniscus tears

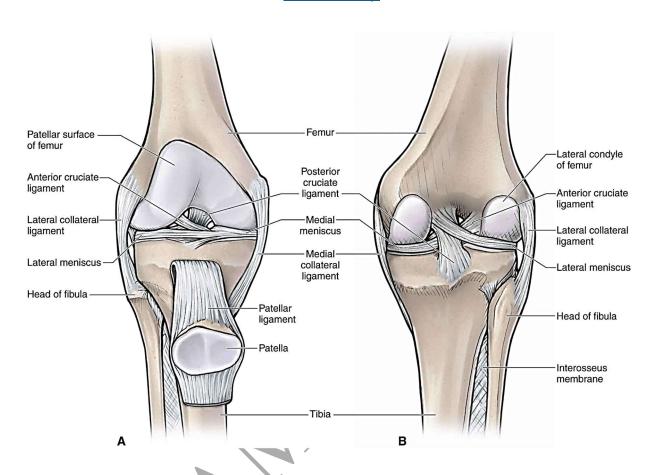
Can be medial meniscus (inside of knee) and/or lateral meniscus (outside of knee)



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Anatomy



Glossary of common terms:

MFC Medial Femoral Condyle

LFC Lateral Femoral Condyle

MTP Medial Tibial Plateau

LTP Lateral Tibial Plateau

ACL Anterior Cruciate Ligament

MM Medial meniscus
LM Lateral meniscus