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Patient Information

Knee arthroscopy surgery

What is a knee arthroscopy ?

A knee arthroscopy is a surgical procedure which allows your surgeon to enter the knee joint through 2 or 3 small incisions (each about 5 mm wide). A viewing camera (an arthroscope) is inserted through one of the incisions. The other incision(s) allow your surgeon to introduce and manipulate a series of specialised instruments and tools.

Why should I have a knee arthroscopy ?

A knee arthroscopy is indicated if you have pathology (problems) inside of your knee joint – as confirmed by specialised imaging or clinical examination – which are amenable to resolution using arthroscopic techniques. In many cases, this will include meniscal cartilage tears that cause mechanical symptoms (eg. clicking or locking), some major ligament tears (eg. ACL), loose bodies within the knee, and certain types of articular cartilage injuries (eg. OCD lesions). Not all knee-related problems can be fixed (or even improved) using arthroscopy. There is no role for arthroscopy for knee problems which occur outside of the joint itself.

Will an arthroscopy help my knee arthritis ?

As a general rule, no. The Australian Orthopaedic Association has made strong recommendations against the use of knee arthroscopy in arthritic knees, even if degenerate meniscal tears are present. The exception to this is the presence of a new injury resulting in mechanical symptoms, which is otherwise amenable to arthroscopic resolution. There is no evidence-supported role for a knee arthroscopy to simply ‘clean up’ the knee or ‘assess’ it prior to an otherwise inevitable knee replacement.

Realistic expectations

It is very important to have a realistic expectation of your likely outcome after knee arthroscopy surgery. It may take up to 12 weeks to reach ‘full’ recovery from your operation – even longer if you have had a ligament reconstruction. Even a ‘perfect’ knee arthroscopy may not resolve all of your knee symptoms – particularly after an injury. A knee arthroscopy will not fix other issues in your body outside of the knee joint itself – i.e. back pain, referred hip pain, damage to muscles around the knee etc.

If your knee has a meniscal (cartilage) tear, and it is managed with debridement (i.e. partial resection), you will lose a small portion of the total cartilage inside of your knee. The adult human knee has no capacity to ‘regrow’ meniscal cartilage (or articular cartilage) after it has been lost. As the rest of your knee cartilages continue to wear with ‘normal’ aging, there is some evidence that this lost cartilage (and/or the injury that caused it) may lead to accelerated onset of arthritis.

Potential risks

All operations have risks, no matter how ‘routine’ or ‘quick’. While most of the concerning potential risks associated with knee arthroscopy surgery are very rare, even if the risk is one-in-a-million, someone is that one

person and, for them, that event can be catastrophic. Associate Professor Kurmis will discuss the key potential risks with you before surgery. Some such risks include:

- Risks associated with the anaesthetic
- Infection (early or late)
- Failure to resolve the initial symptom(s)
- Ongoing pain
- Damage to other cartilages surfaces within the knee or other important nearby structures

How long does the operation take ?

A knee arthroscopy usually takes between 10 and 45 minutes, depending on the complexity.

How long will I stay in hospital ?

The vast majority of people (> 95%) will safely discharge to home the same day as their arthroscopy (i.e. the procedure is performed as ‘day surgery’). A small proportion of people stay in the hospital overnight – this is usually due to the procedure being performed (or finishing) late in the day, a slower than anticipated recovery from the anaesthetic, or uncommon difficulties with individual pain management.

Will I need medications after surgery ?

Yes. Intra-articular (i.e. inside a joint) surgery can sometimes be very painful. Associate Professor Kurmis or your anaesthetist will prescribe medications for pain management, as needed, for you to discharge with.

What to expect after surgery

Once your operation has finished, you will be transported to a ‘post-anaesthetic’ area where highly skilled nurses will monitor your recovery. Once you have achieved a series of routine safety checks, you will usually be safe for discharge. In most cases, this is about 2 – 4 hours after your surgery finished. Most patients can safely walk themselves out, although sometimes you will need crutches to help you. Because you will have just had an anaesthetic, you will need a responsible adult to collect you from the hospital and drive you home.

What can I do to help my recovery from a knee arthroscopy ?

The following tips may help:

- Use your pain killers (as prescribed)
- Ice your operative knee for 20 minutes every 2 – 4 hours (while you are awake) for the first few days
- Work on gently straightening and bending the operated knee as much as you can tolerate. Use the pain killers, if need be, to facilitate this.
- Give yourself (and your knee !) enough physical rest for the knee to heal
- Aim to maintain a healthy body weight
- Eat a balanced, healthy diet
- Most people find a compression bandage or stocking helps with resolution of swelling
- Avoid smoking
- Do not use hydrotherapy or public pools for at least 2 weeks after your surgery

Post-operative care

After you have left the hospital, make sure you gently work on bending and straightening your knee (within your limits of discomfort). Take your pain killers. Most people will benefit in the first few weeks from regular ice therapy and/or a compression bandage.

Leave the wrap around bandages on your knee for 2 days – you can carefully unwind them (or cut them off) yourself. Underneath will be a series of small adhesive dressings covering the surgical incisions. Leave these on for 2 weeks. If you find that these sticky dressings are coming loose – with clean hands – simply replace them with normal bandaids. You can shower normally once the wrap around bandages have been removed (i.e. after 2 days) – simply pat the adhesive dressings dry. It is recommended that you do not immerse the knee in water (eg. bath or pool) during the first 2 weeks while the adhesive dressings are still on.

In many instances, your knee will not have a full range-of-movement in the first few days (or even weeks) after your surgery. Walking or stationary bike riding can be an excellent low-impact activity to help your knee recovery in the first few weeks after surgery.

Associate Professor Kurmis and his team will usually arrange a series of reviews in his rooms after surgery to monitor your recovery and will inform you of when these are scheduled.



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Please note that this information sheet is intended to aid understanding regarding knee arthroscopy surgery, as performed by Associate Professor Kurmis, and is not designed to substitute for proper clinical consultation.