Patient Information for Consent

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Arthroscopy of the Knee

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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.

Shared decision making and informed consent

Your healthcare team have suggested an arthroscopy of your knee. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it.

If you have any questions that this document does not answer, it is important to ask your healthcare team. Once they have answered all your questions and you feel ready to go ahead with the procedure, they will ask you 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 after signing the form.

What are the benefits?

The aim of surgery is to confirm exactly what the problem is and for many people the problem can be treated at the same time. Keyhole surgery is associated with less pain after the procedure and, for some people, a quicker recovery.

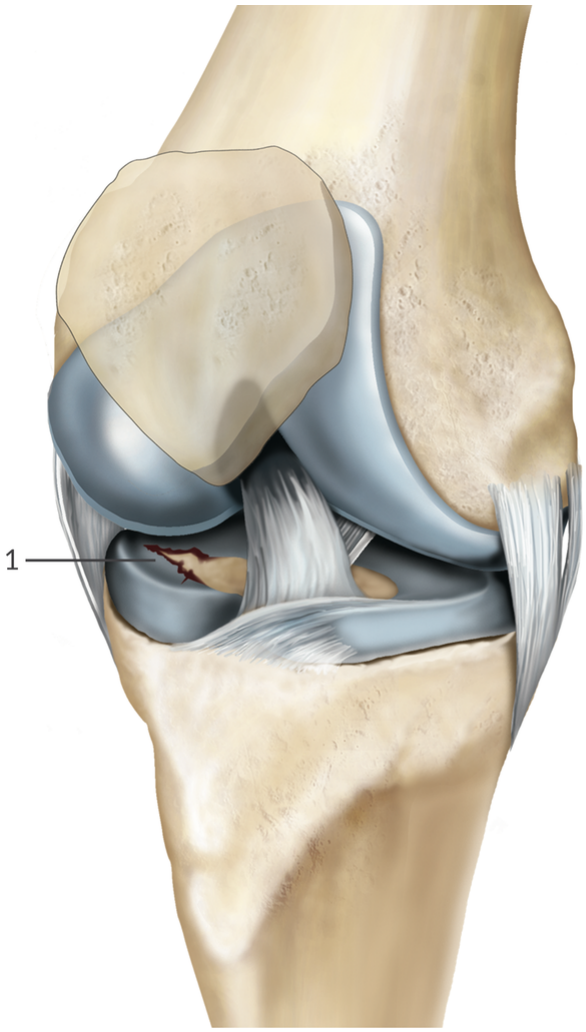
Are there any alternatives?

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

Your surgeon will talk to you about 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



1. Tear

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

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 procedure involve?

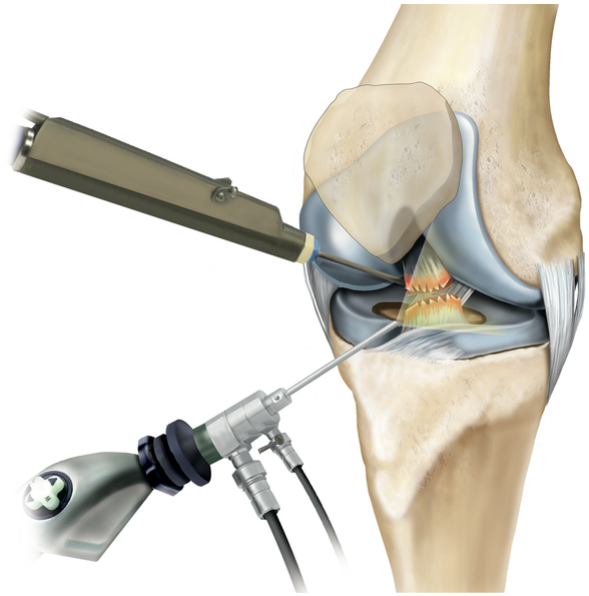
If you are female, the healthcare team may ask you to take a pregnancy test. Sometimes the pregnancy test does not show an early-stage pregnancy, so tell the healthcare team if you could be pregnant.

The healthcare team will ask you to confirm your name and the procedure you are having.

Different types of anaesthetic 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 procedure. The procedure 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.

An arthroscopy of the knee



 Illustrator: www.medical-artist.com

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 procedure. This is a larger procedure but it can often be performed by an arthroscopy. Your surgeon will discuss this with you beforehand.

What should I do about my medication?

Make sure your healthcare team know 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 buy over the counter.

How can I prepare myself for the procedure?

If you smoke, stopping 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 you prepare for the procedure, help you recover and improve your long-term health. The healthcare team may give you specific advice if you have certain health problems.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the procedure, 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 procedure.
- Keep warm around the time of the procedure. 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.

When you come into hospital, wash your hands regularly and wear a face covering if asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Possible complications of this procedure are shown below. Some can be serious and may even cause death (risk: 2 in 10,000).

Any risk rates given are taken from studies of people who have had this procedure. 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, you are obese, you smoke or you have other health problems. Health problems include diabetes, heart disease or lung disease.

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 procedure

- Bleeding during or after the procedure. 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 procedure to wash the blood out.
- Infection of the surgical wound. It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Tell the healthcare team if you develop a high temperature, notice pus (thick, yellowish or whitish fluid) 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 you may need another procedure. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that may happen. Tell them if you have any known allergies or if you have reacted to any medication, tests or dressings in the past.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis, or DVT) (risk: 1 in 1,000) or one that has moved to your lung (pulmonary embolus, or PE) (risk: fewer than 1 in 1,000). DVT 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 encourage you to get out of bed soon after the procedure and may give you injections, medication, or special stockings to wear. Tell the healthcare team 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 tube (catheter) in your bladder for 1 to 2 days.
- Chest infection. Your risk is lower if you have stopped smoking and you are free of Covid-19 symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Damage to nerves around your knee, leading to weakness, numbness or pain in your leg or foot (risk: fewer than 1 in 1,000). This usually gets better but may be permanent.
- Infection in your knee joint (risk: 1 in 1,000). You will usually need another procedure 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, or 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.

- Difficulty passing urine. This normally gets better after a few days. If it gets worse (bladder retention) you may need to go home with a urinary catheter and come back to hospital to have it removed around 2 weeks later. Your risk is higher if you are male, over the age of 60 or have prostate problems.

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. It is important that you take it as you are told so you can move about as they advise.
- Scarring of your skin, although arthroscopy scars are usually small and neat.

What happens after the procedure?

In hospital

After the procedure you will be taken 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 a sedative or a general anaesthetic and you 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
- you must not drive, operate machinery or do any potentially dangerous activities (including cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination, and
- you must not sign legal documents or drink alcohol for at least 24 hours.

Follow any instructions the healthcare team give you to reduce the risk of a blood clot, such as taking medication or wearing 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. The healthcare team may give you specific advice if you have certain health problems.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency. Ask the healthcare team about this and always check your insurance policy.

You may need to wait a while before you can fly. Please check the website of your national aviation authority for information about flying after surgery or speak to your airline or a member of the healthcare team.

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 have 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. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

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 treatment options.

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

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