

Day Procedure Unit Arthroscopy

This leaflet gives information for patients who are undergoing an Arthroscopy.

Pre-operative preparation

You will be asked to attend the pre-admission assessment clinic 1-6 weeks prior to admission to check that you are fit for the operation. You will be seen in the pre-admission clinic by a nurse for any necessary tests, which may include; taking blood, or an ECG – (cardiogram). If you do not need any tests your assessment may be carried out by phone. You will be admitted on the day of the operation unless there are any medical reasons which need you to be admitted the day before.

What is an Arthroscopy?

An Arthroscopy is keyhole surgery. A small telescope is used to look into the joint and treat any problems found. An Arthroscopy is most commonly performed on the knee but other joints such as shoulder, elbow, wrist, hip and ankle are also examined.

Why is the operation needed?

An Arthroscopy is usually done to treat problems found within the joint, for example removing torn cartilage. Less commonly it may be used to assess a joint where an examination and X-rays have not made a complete diagnosis. You should have been told the reason for your arthroscopy.

The Operation

The operation is usually performed under a general anaesthetic. Small incisions are made into the joint. The scope and various instruments are inserted to view the joint and treat any problems found. The wounds are then closed with a dissolvable stitch or sticky tape (called steristrips), and covered with a waterproof dressing. A firm bandage is usually applied to prevent bleeding.

After the Operation

You may feel some pain/discomfort after the operation. It is important to take any tablets, if they are prescribed by the anaesthetist. Simple painkillers such as Paracetamol and Ibuprofen are suitable to relieve any discomfort, if you do not have any known side effects from them. Please bring these tablets with you on the day of the operation. Depending on which joint was operated on, and the procedure undertaken you may require splints, slings or crutches for comfort and protection. You may have some swelling and discomfort for up to 2 weeks following the operation and can be longer if the operation was for arthritis.

You can return to driving when it is safe for you to do an emergency stop (without damaging your affected joint) however you should discuss this with your surgeon. You should not drive for 24 hours, nor operate any machinery, because of the general anaesthetic. Please also check with your insurance company, as policies can vary.

Most people are able to return to work within a few days after the operation but it does depend on the type of work that you do. You should discuss with your surgeon when you are able to return to work.

You are advised not to undertake any physical or strenuous activity or any sports for up to 6-8 weeks, however please discuss this with your surgeon.

What are the risk and complications?

The possible risks and complications for Arthroscopy include;

- Wound Infection or infection inside the joint– This is rare. It is important to keep the wounds clean and dry till healed. If you experience any increase in pain, redness, swelling, or develop a temperature – please see your GP as this maybe a sign of infection.
- Bleeding inside the joint – can cause severe pain and swelling in the joint. This usually occurs if excessive activity is undertaken in the first few days following the operation.
- Deep Vein Thrombosis (DVT) – Clots in the leg and lung (pulmonary embolus) are very rare following arthroscopy. Clots can cause pain and swelling in the affected limb. If you have a history of a previous blood clot you may be offered heparin injections for a few days after your operation.
- Swelling – May persist for up to one month. Keeping your operated joint elevated will help to relieve this.
- Nerve Injury – can cause numbness or pins and needles down the limb of your affected joint. If this occurs it can take up to 18 months to recover. Sometimes it is permanent.

Follow – up

You will be instructed by your surgeon how long to keep your bandage on. The wounds take between 10 to 14 days to heal and should be covered with plasters if the original dressing falls off. Your surgeon will advise you if it is necessary to have a follow-up appointment. This will be on your discharge letter.

Useful contacts for further information

If you have any queries prior to the procedure, please contact the Day Procedure Unit on **01603 286008**.

For help giving up Smoking: contact Smokefree Norfolk local freephone 0800 0854 113 or www.smokefreenorfolk@nhs.uk or email smokefreenorfolk@nchc.nhs.uk

NHS 111

NHS 111 is available 24 hours a day, 365 days a year. You can call 111 when you need medical help fast, but its not a 999 emergency.

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Tel: 0207 9730308

Web address: www.daysurgeryuk.org

Royal College of Anaesthetists

Web address: www.rcoa.ac.uk

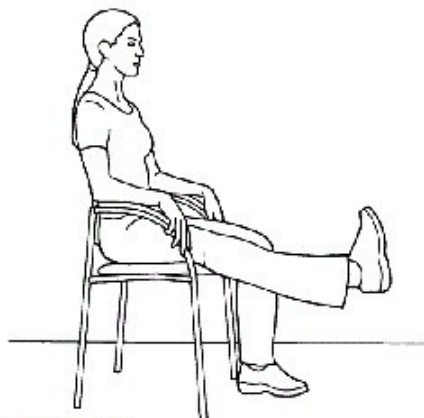
PhysioTools

Personal exercise program



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Provided by Nathan Hunt
Provided for
Contact date 24/03/2014



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Sit on a chair.

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold approx. 5 secs. and slowly relax your leg.

Repeat 10 times, 5 x a day.