



Operation Information

Arthroscopic Meniscal Surgery

Introduction

Arthroscopy is a type of keyhole surgery used to diagnose and treat problems with joints. Since the arthroscope and surgical instruments are thin, 2-3 very small incisions are needed rather than a larger incision is made for open surgery. The meniscus is a crescent-shaped fibro-cartilaginous structure found where two bones meet at a knee joint space. It consists of two specific parts, lateral and medial menisci. Menisci protect and cushion the joint surface and bone ends. However, menisci can be torn during activities that put pressure on or rotate the knee joint. The torn portion may be displaced and become jammed in the knee joint blocking knee extension. The tear may also extend. In many cases, arthroscopy is used to repair or remove a torn meniscus.



Source:
<https://www.orthogate.org/patient-education/knee/knee-anatomy>

Outcomes

The torn meniscus is repaired, trimmed or removed by a minimally invasive surgery. The knee joint will return to its normal stability and functions. This operation also helps to prevent further damage of the affected knee.

Procedures

1. The operation is performed typically under general anaesthesia, though in some cases spinal or epidural anesthetic is used.
2. Several small incisions are made on the knee joint.
3. An arthroscope and fine instruments are inserted through the small incisions.
4. The torn meniscus is repaired, trimmed or removed with the aid of the arthroscope.
5. The wound is closed with stitches and covered with sterile dressing.

Possible Risks and Complications

1. Wound infection
2. Wound tear and bleeding
3. Reduce the range of knee movement
4. Accumulation of fluid around the knee joint
5. Venous thrombus-embolism
6. Recurrent tear of meniscus
7. Damage to the major blood vessel or nerves

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine pre-operative investigation such as blood test, ECG and X-ray may be performed.
4. Shaving of the incision site may be required.
5. Nurse may give you surgical soap to clean the incision site.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Preparations

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurses of wound pain. Proper pain relief treatment by injection or oral medication will be prescribed by your doctor.
3. Cryotherapy and elevation can reduce swelling of the affected leg.

Wound Care

1. Keep the wound dry and clean. Follow doctor's and nurse's advice on wound care.
2. Stitches will be removed or dissolved in 2 weeks.
3. A wound drain may be present to remove fluid or gas from the area of surgery. It will be removed in 1-3 days after operation.

Diet

1. In general, diet is allowed gradually after recovery from anaesthesia. (Please follow doctor's instruction).

Activities

1. Avoid strenuous physical activities, such as sports and heavy lifting before full recovery.
2. You may need to wear a knee brace or use crutches during rehabilitation. Physiotherapy will be arranged if necessary.

Advices on Discharge

1. Continue physiotherapy as indicated.
2. Weight bearing: some patients need crutches or other assistance after arthroscopic surgery. Your doctor will tell you when it is safe to put weight on your leg.
3. During the rehabilitation period, please avoid contact sports or vigorous activities.
4. Sports activities may be resumed gradually in 6-12 months. Please follow doctor's instruction.
5. The wound is covered with waterproof dressing when you are discharged. Do not remove it unless you are told to do so. Always keep the dressing clean and dry.
6. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain related to redness and swelling, massive bleeding, pus discharge, shivering, high fever over 38°C or 100°F, etc.
7. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

