

Operation Information

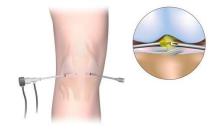
10000 10000 10000

Please scan the QR code below to get the PDF file.



Introduction

Knee arthroscopy is one of the most commonly used minimally invasive procedures for the diagnosis and treatment of knee injuries. Arthroscope is a thin metal tube that is equipped with a light source and camera. Its length and width are similar to a drinking straw. The doctor will be able to see the images inside the knee through a video screen or an eyepiece. The procedure might be recommended if you have problems such as persistent knee pain, swelling or stiffness, and other non-invasive investigations that are unable to identify the cause.



Source: https://t4.ftcdn.net/jpg/01/63/50/31/360_F_163503143_LCR 06uiZZv56Fy6wOPK8B30pBDonrCu3.jpg

Outcomes

The expected outcomes of this operation are determined by different indications. It is commonly used to make diagnoses and allow the doctor to treat certain knee conditions. When compared with the traditional surgery, the advantages may include:

Arthroscopy of Knee

- Less pain after the operation
- Faster healing time
- Lower risk of infection
- Smaller scars

Procedures

- 1. The operation can be performed under general or spinal anaesthesia.
- 2. Several small incisions are made on the knee joint.
- 3. An arthroscope and fine instruments are inserted through small incisions.
- 4. The diagnosis is made or the problem is remedied with the aid of arthroscope.
- 5. The wounds are closed with sutures.

Possible Risks and Complications:

- 1. Wound infection
- 2. Wound bleeding
- 3. Poor wound healing
- 4. Thrombophlebitis (Blood clot)
- 5. Deep vein thrombosis (DVT)
- 6. Damage to the major blood vessel or nerves
- 7. Damage to the cartilage, meniscus, or ligaments in the knee
- 8. Knee stiffness
- ** 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. Good hygiene can prevent surgical wound infection.
- 2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
- 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
- 4. Nurse will supply surgical soap to you for washing the operation site as necessary.
- 5. Shaving of the incision site may be required.
- 6. No food or drink six hours before operation.
- 7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
- 8. Please empty your bladder before the operation.

Post-operative Instructions

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 nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

- 1. The wound is covered with a sterile dressing which must be kept clean and dry.
- 2. Keep your leg elevated as much as possible for the first few days after surgery. Apply ice pad as recommended by your doctor to relieve swelling and pain.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Activities

- 1. Your doctor will advise you for ambulatory training depends on your surgery.
- 2. Walking aids may be used in the early stages of recovery to aid mobility.

Advice on Discharge

- 1. The wound must be kept clean and dry.
- 2. Immediately consult your doctor or return to hospital for professional attention in the event of persistent or severe wound pain, persistent warmth or redness around the knee, significant swelling in your knee, increasing pain in your calf muscle, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
- 3. 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

