

# Dr Richard Harbury

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## **PERI-OPERATIVE INSTRUCTIONS FOR PATIENTS FOR KNEE ARTHROSCOPY**

An arthroscopy is surgical visualisation of the inside of your knee performed using a small fiberoptic camera approximately 6mm in diameter. This is normally performed under general anaesthetic with the patient fully asleep, relaxed and comfortable. This is normally a day only procedure, i.e. you will be discharged home the same day. As with all surgical procedures requiring a general anaesthetic, you will require a responsible adult to collect you from the hospital and drive you home. You should not drive, operate machinery or sign any legal documents in the 24 hours following surgery.

### **Pre-admission**

You will need to fast for at least six hours prior to your general anaesthetic. The hospital will normally contact you to discuss the exact fasting time. If you are a diabetic then please ask for specific instructions.

Be careful to avoid any scratches or other injuries to the knee prior to surgery as any active infection will cause your procedure to be postponed.

Please bring all medications with you to the hospital.

**Please also bring all relevant x-rays, scans and other test results.**

### **The procedure**

After skin preparation using antiseptic solution the camera is inserted into your knee via a portal of 6-10mm length. It is usual to have a second small portal of approximately the same size through which instruments are inserted. On rare occasions larger incisions may be required to be used. At the end of the procedure local anaesthetic and occasionally corticosteroid is injected into the knee. The wounds are closed with steristrips, then a small dressing and then a bulky pressure bandage.

The outer bandage should be snug but not tight, if you feel it is too tight please have it assessed prior to discharge from hospital. If you wish, you can remove the outer bandage after a minimum of 3 days. It is common for the dressings underneath to be black due to a small leakage of blood from your skin wounds. These would normally be left in place but if you so wish you can remove the dressing, leave the steristrips in place and re-apply a waterproof Band-Aid over the wound.

You will be followed up at ten days afterwards when Dr. Harbury (or his Registrar) will review the wound and remove the steristrips.

You will be able to walk taking all your weight through the knee after your operation, although on occasions some people may find a stick or a crutch to be more comfortable. These can be provided by the hospital if necessary and are not routinely needed.

### **Post-operative care**

You should normally be comfortable after your operation, although some people may find some local discomfort as the anaesthetic wears off. Take the oral medication prescribed to you as required. For the first few days aim to take short frequent walks with rests in between, and elevate the leg when resting. Ice packs may be applied if you wish but avoid cold injury. You may bend your knee as much as comfort allows and frequently move your ankle joint to encourage blood flow through the leg.

Keep the wounds clean and dry. Either cling wrap or a plastic bag can be wrapped around the bandage to keep it dry when showering, and removed after.

### **Complications**

Arthroscopy is only rarely associated with complications, but we wish to identify these early if they occur. As such, please seek attention through Dr. Harbury's rooms or via your local hospital emergency department if you develop:

1. High temperatures
2. Night sweats
3. The knee becomes swollen, red, shiny and hot
4. Any sudden increase in pain and/or tightness in the calf or the back of the knee
5. If there is persistent discharge from the puncture sites or a sudden onset of bleeding from the sites
6. Chest pain or shortness of breath