

# Information for patients and carers

## Knee Arthroscopy

Post-operative physiotherapy advice

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

## What is a knee arthroscopy?

A knee arthroscopy involves a day case procedure to insert a camera into the knee through two or more small incisions (often referred to as a 'keyhole surgery'). Usually completed under a general anaesthetic, the operation allows your surgeon to further examine the cartilage, ligaments, and other structures in your knee and, if a defect is identified, possibly treat it at the same time. This will be discussed with you prior to and following your surgery.

## After the operation

- You will usually be discharged from hospital the same day
- It is normal for your knee to be sore after the surgery, so regular pain relief can be taken to help with this
- Ice can help with the pain and swelling that you may have in your knee. Place a pack of ice (wrapped in a tea towel) over the front of your knee for up to 15 minutes two or three times a day until the swelling subsides. If the area becomes too cold or uncomfortable, remove the ice pack and monitor the skin closely. Avoid using ice therapy if you have any skin problems or altered sensation around the knee.
- You will need to wear a compression bandage for 2 days with small plasters underneath. It is normal for these to have a small amount of blood on them. Plasters will need to stay on for 1-2 weeks depending on the advice of your surgeon
- You may need to use elbow crutches to allow you to walk normally for the first couple of days. After this, once you feel comfortable and confident, you should be able to walk without crutches.

- You can begin moving your leg immediately and can start the exercises in this leaflet as pain allows. Some patients may be referred to physiotherapy
- If you have a sedentary/desk-based job, you can return to work after two or three days. More physical jobs may require further time before returning to work
- Do not drive and avoid excessive use of stairs for at least three days. Only drive when you are sure you can fully control your vehicle

## Post-op physiotherapy advice

Depending on the findings from the arthroscopy you may have some different guidance around the amount of weight you should put through your leg. If this is the case you will receive individual guidance from the team before you leave hospital.

## Your goals in the first two weeks are to:

- Increase your knee movement, ideally 0 degrees extension (straight knee) and at least 90 degrees flexion (knee bend)
- Restore the quadriceps muscle activation (wake up the thigh muscles)
- Normalise your walking, initially using crutches and weaning off them, as able
- Allow the wounds to heal
- To have your pain and swelling well controlled

## Tips to optimise your rehabilitation

- Even though it's comfortable, DO NOT put a pillow under your knee for extended periods as it can impact your ability to straighten your knee

- Don't rush to walk without your crutches. Use them to optimise your walking pattern, build up tolerance walking with them, and then aim to reduce their use, for example by first dropping down to one crutch used in the opposite hand
- Rest is important, getting the balance of rest, being active and doing the exercises is key in these early stages

## Exercise Programme

Aim to complete the exercises little and often, every day. They are designed to help you achieve the goals at each stage. Although we want a straight knee there is no need to push this in the early stage, as it can be sore and add to the pain and swelling. Be patient the range of movement and muscle activation will come in time.

### **Static Thigh.**

While lying with your legs straight out in front of you, tighten the muscles at the front of your thigh, pushing the back of your knee down.

Hold the contraction for up to 5 seconds. Aim to repeat this exercise up to 10 times, every 2-3 hours.



### **Inner Range Thigh.**

Similar to the “Static Thigh” exercise, in lying with your legs straight out in front of you, put a small pillow or rolled towel under your knee. Tighten the muscles at the front of your thigh, pushing the back of your knee down into the pillow/towel and try to lift your heel up.

Hold the contraction for up to 5 seconds and aim to repeat this exercise up to 10 times, every hour.



### **Straight Leg Raise.**

Sit or lie with your legs in front. You can bend your un-operated leg if this is more comfortable. Keeping your operated leg straight, pull your toes towards you, tighten the muscles at the front of your thigh and lift your leg approximately 15cm off the bed.

Hold for up to 5 seconds, then slowly lower your leg down and aim to repeat up to 10 times, every 2-3 hours.



## Heel Slides.

Slide your heel towards your bottom, therefore bending your knee.

Hold on the maximum bend possible within the limits of your pain tolerance for 5 seconds, then release and slide your heel away from your bottom, therefore straightening your leg. Aim to repeat this exercise up to 10 times, every 2-3 hours.



## Seated Knee Bend/Straightening.

While sitting in a chair with back support, with your feet on the ground, slide the foot of your operated leg back towards you as pain allows and hold for up to 5 seconds. Then release the foot slowly and begin to straighten that knee by contracting the muscles at the front of your thigh and straightening the knee as much as possible. Again, hold for up to 5 seconds, and then slowly lower the leg back down. Aim to complete this exercise up to 10 times, every 2-3 hours.



# Stairs information

## Going up stairs



1. Stand close to the stairs.
2. Hold onto the handrail with one hand and the crutches with the other hand.
3. First take a step up with your un-operated leg.
4. Then take a step up with your operated leg.
5. Then bring up the crutch

**Always go 1 step at a time**

## Coming Down Stairs



1. Stand close to the stairs.
2. Hold onto the handrail with one hand and the crutch with the other hand.
3. First put your crutch one step down.
4. Then take a step with your operated leg.
5. Then step your un-operated leg next to your operated leg.

**Always go one step at a time**

## Potential complications to be aware of after this operation

- It is reasonably common to notice an area of numbness over the front of your knee. This occurs because the nerve that supplies sensation to this area can be injured during the surgery. The area may shrink in size over time but it is possible you will always have a small area of numbness or altered sensation
- There is a small risk of having a blood clot in your leg known as a deep vein thrombosis (DVT). To reduce the risk of DVT you should avoid any long distance travel (particularly anything 3 hours or longer) for 3 weeks postoperatively and avoid long haul flights for 6 weeks. Keeping yourself mobile and doing the ankle pump exercises will help with this. However, it is very important that you attend your nearest emergency department if the calf muscle becomes painful increasingly red, hot, swollen or shiny
- Infections following this type of surgery are not common. However, if you notice an increase in pain, warmth, redness or swelling in the leg with or without general symptoms of an infection (fever, sweating, chills, etc.), please contact your GP



## Contact details

Should you require further advice or information please contact Rawcliffe Day Case Unit on **01257 245100** or the core therapy department on **01257 245757**.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

**Please ask a member of staff if you would like help in understanding this information.**

**This information can be made available in large print, audio, Braille and in other languages.**

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