

## INFORMATION FOR PATIENTS

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# Arthroscopic knee surgery

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**This booklet contains information about the knee surgery that you have been advised to have and aims to answer some of the questions you may have about the operation and your stay in hospital.**

### Introduction

This booklet is for people who have decided to have surgery after discussing the options, benefits and possible risks with their consultant. This guide has been developed to help answer any questions that you may have about your operation and recovery.

The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist. Those instructions should take priority.

### About knee surgery at Sherwood Forest Hospitals

At our King's Mill hospital site, there is an elective orthopaedic ward (ward 14b) and an elective Day Case Unit (DCU). At our Newark site, there is an elective Day Case Unit (Minster ward). The ward and site of your knee surgery will be discussed with you by your consultants' team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward, a 'named nurse' will be allocated to you to co-ordinate your nursing care. You will also have a team of physiotherapists to supervise your rehabilitation and help facilitate your discharge home.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

### What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear, supportive footwear, and some loose and comfortable clothing. Please leave valuables at home.

## Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink on the day of your operation, but this needs to be discussed with the ward team prior to doing so.

**You must not smoke after midnight the day before the operation.**

## What is this operation for?

A knee arthroscopy is commonly performed if you suffer from knee pain, swelling or an unstable knee. An x-ray or scan may have been used to confirm the source of your knee problem; however, an arthroscopy may be needed to have a better look inside your knee joint.

An arthroscopy can also be used to treat the cause of your knee problem by trimming or repairing any of the damaged areas, aiming to reduce your knee pain and improve your function, so that you can return to normal activities.

## Surgical procedure

Two small incisions are made in the skin on the front or sides of the knee for the arthroscope to go into. The arthroscope is a narrow tube with a light and a very small video camera. This allows the surgeon to look all around the joint and locate the problem.

Through the second small incision another instrument can be introduced into the joint to allow the surgeon to carry out any treatment. This may include trimming or removing any loose fragments of tissue, bone or cartilage, or taking a small sample of tissue from the joint for analysis.

Arthritic joints can be 'washed out' using a sterile fluid which may relieve symptoms.

Once the surgery is finished the small incisions will be closed with steri-strips or stitches and covered with a small dressing. A large wool and crepe bandage will then be wrapped around the knee.

## Physiotherapy

Once you have recovered from your anaesthetic a physiotherapist will assess your mobility and go through your exercises prior to discharge.

Following your operation, you should begin to do the following exercises as soon as possible. Please complete them three times a day, until your knee feels strong and is moving easily.

## Exercises following your knee surgery

Aim to complete 3-4 times daily.



### Ankle pumps

Gently move your ankle up and down in a slow motion, approximately every 1-2 seconds. Repeat for 1-2 minutes.



### Static quads (knee extension)

Lying on the bed or a settee, with your foot and knee pointing up to the ceiling, push your knee straight into the bed or settee using your quadriceps (thigh) muscle.



### Straight leg raise

Push your knee straight into the bed using your quad (thigh) muscle and gently lift the leg off the bed. Keep the knee straight and hold. Pain may not allow you to lift or hold. Lift off as much as able or as pain allows you to.



### Active assisted knee flexion

Gently bend your knee as far as you are able using the muscles in your leg. Then use your non-operated leg, gently push your operated leg back to stretch the front of your knee. It is fine to work into an uncomfortable stretch but not severe pain. Hold for 10-15 seconds initially. Try to build up to 30 seconds.

## Walking after your knee arthroscopy

It is important that you can walk safely following your knee surgery. Not every patient will need a walking aid. However, if you are in pain or feel unsteady then you will be shown how to use elbow crutches. This allows you to put less weight through the joint and assists your balance.

## Stairs advice



Physiotherapy can assess you if needed or requested.

### Stairs up

Lead with your good leg, followed by your operated leg and crutch.

### Stairs down

Lead with your crutch, followed by your operated leg, then your good leg.

## Additional information

### When can I go home?

- When you have recovered from your anaesthetic.
- When your pain is controlled.
- When you have learnt your exercises.
- When you are safe to return home.

### What happens when I go home?

#### Rest

It is important to establish a balance between the amount that you exercise and the amount that you rest. We advise that you rest and elevate the operated leg on a stool or something similar for 20 minutes every two to three hours initially. This will help with any discomfort and control swelling.

In addition, you may also use an ice pack on your knee to help with swelling and pain. The ice pack can be applied for 20 minutes every two to three hours. Wrap the ice pack in something like a tea towel so that the ice pack is not in direct contact with the skin.

#### Dressings

The bandage may become slightly blood stained; this is to be expected and should not be cause for concern. You can remove the wool and crepe bandage 48 hours after the operation, leaving you with two small adhesive dressings over the wound. It is advisable to keep the wound clean and dry.

The nursing staff will advise you regarding the removal of stitches and having your wound checked. This will normally be 10 to 14 days following your operation and will be performed by the practice nurse at your GP surgery or by a district nurse.

#### Outpatient physiotherapy

Following your knee arthroscopy you do not normally require outpatient physiotherapy, but in some cases your surgeon will request it. This is generally arranged for you at your nearest hospital but we will discuss this with you during your stay.

### **Clinic review**

A follow up appointment with your consultant's team will be made for you. You will receive details of this appointment in the post following your discharge from hospital. The appointment is generally 6-8 weeks following your operation.

### **Driving**

Always check with your consultant and insurance company before driving.

### **Return to activities**

Only return to your usual activities when you feel ready and comfortable. You may have some discomfort and swelling in the joint and surrounding muscles. This is to be expected especially within the first 2 weeks.

Continue to take your painkillers as advised by the nursing staff. Rest, elevation and an ice pack will help.

### **Work**

You may return to light work as soon as you feel comfortable. If your work requires heavy duties, we recommend discussing this with your consultant and employer before returning.

### **Sports/hobbies**

Most people should be able to return to their sports and hobbies following their arthroscopy. Start exercising when you feel able to and gradually increase the amount that you are doing. Increased pain and swelling are signs that you may be doing too much too soon, so reduce your activity levels and build it up again gradually once the symptoms have settled.

You should slowly return to doing these, starting with activities such as cycling, which put less weight through the knee. It is also good to get into the swimming pool once your wounds are fully healed. You should gradually be able to return to higher impact activities such as running as the pain settles. If you are unsure then wait until your consultant review.

### **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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