PREOPERATIVE & POSTOPERATIVE DETAILS

KNEE ARTHROSCOPY SURGERY

MR NICHOLAS FROST

MBBS FRACS (Ortho) FAOrthA

ORTHOPAEDIC SURGEON

GOALS OF SURGERY

The indications for knee arthroscopy vary. In general the goal is to reduce mechanical symptoms of catching, clicking and/or locking and preserve the meniscus and cartilage to prevent the future risk of osteoarthritis or further injury. In general, maintaining the meniscus will protect your joint from further injury and arthritis.

BEFORE COMING INTO HOSPITAL

Preadmission Letter & Estimate: These will be provided to you by Mr Frost's Secretary. Please read carefully as they include important information regarding your fasting, admission time, postoperative appointment and fees.

Medications: Thoroughly read the list of medications provided to you in your preoperative pack. This will give you instructions on cessation of medications preoperatively. If you are unsure please discuss it with Mr Frost.

Aids: You should arrange for the purchase or hire of elbow crutches from your local chemist or surgical appliance supplier and bring these with you to the hospital if you expect to undergo a meniscus or cartilage repair procedure.

Physiotherapy: We suggest you engage with preoperative physiotherapy in order to improve your general strength and conditioning. This will aid in your postoperative rehabilitation, but is not an essential prerequisite to proceed.

YOUR HOSPITAL STAY

Admission: On most occasions you will be admitted on the day of your surgery and will meet with Mr Frost and your Anaesthetist prior to surgery. This will give you time to ask further questions.

Anaesthetic: Most patients will receive a general anaesthetic. In some instances Anaesthetist will also perform a local anaesthetic "block: that will provide pain relief in the postoperative period.

Immediately Postoperatively: You will be taken to a ward specialising in postoperative surgical patients. In most instances this will be the Day Surgery Unit.

Review by Physiotherapist: You will be reviewed by a Physiotherapist at Hollywood Private Hospital on the day of your operation. Once you are safely able to mobilise you will be discharged from hospital.

Review by Mr Frost: Mr Frost will see you on the ward before your discharge from hospital.

Time in Hospital: Typically knee arthroscopy is performed as a day procedure (i.e. you will not need to stay in hospital overnight). In certain instances an overnight bed may required and you be informed of this preoperatively.

AFTER DISCHARGE FROM HOSPITAL

Mobility: You will be asked to wear a splint when weight bearing for the first 6 weeks (this will be provided to you at no cost by Hollywood Private Hospital). During this time you will be able to perform a limited range of motion.

Aids: As you will be in a splint, crutches will be required for a period of 6 weeks.

Pain relief: You should expect to require pain relief for approximately 1 week postoperatively, although often patients require pain relief for a shorter period of time. All required pain relief will be provided to you prior to discharge from the hospital. You may also be provided with medications to prevent constipation (a common side effect of pain relief medications).



MENISCAL/CARTILAGE REPAIR

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AFTER DISCHARGE FROM HOSPITAL (continued)

Dressings: Your wound dressing is designed to remain intact until your first post-operative visit.

Driving: You will be unable to drive until your knee range of motion has returned. Typically, this is between 6 and 8 weeks.

Work: If you have an office based job you may feel able to return to work 2 to 3 days following surgery. If there is a physical component to your job role, 6 to 8 weeks off work postoperatively is recommended.

Sport: It can take 6 to 12 months to return to sport depending on the specifics of your surgical repair and sporting demands. This can be discussed with Mr Frost preoperatively.

Flying: Flying within six weeks of surgery has a higher risk of DVT (deep venous thrombosis) and is generally discouraged, although in certain circumstance this may be required. Please discuss any intention to fly with Mr Frost prior to your surgery.

1st Postoperative Appointment: Mr Frost will review you in his Nedlands rooms approximately two weeks postoperatively and review your surgical wound. In most cases a dissolving suture (stich) is used and will not require removal.

2nd Postoperative Appointment: Mr Frost will review you again (in Nedlands or Kalamunda) with an x-ray prior.

POSTOPERATIVE REHABILITATION

Your rehabilitation needs depend on the precise nature of your surgery. In general, once your wounds have healed and swelling has reduced at the 2 week postoperative mark then you are able to progress with hydrotherapy and land based strengthening programs as needed. Mr Frost will refer you for this when the time is right.

WHAT TO EXPECT

Your relief of symptoms should be almost immediate, although due to the continued use of a splint your leg muscles will initially be weaker over the first 6 to 8 weeks following surgery. During this time your knee will become somewhat stiff. Following removal of your splint a further 6 to 12 weeks of physiotherapy is required before you could expect your knee to return to full function.

QUESTIONS & CONCERNS

If at any stage you find your pain to be increasing, swelling in the leg markedly increasing despite an appropriate period of rest and elevation, redness or wound discharge please contact Mr Frost immediately.

Office Hours: Mr Frost's rooms (08) 9389 3800 After Hours: Hollywood Private Hospital switchboard (08) 9346 6000

NB: This is a guide only and should not be a replacement for the advice of Mr Frost or a medical professional.



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