

Introduction

Arthroscopy is an established method in orthopedic surgery. For diagnosis and treatment of many conditions of the joints. The advantages of arthroscopic assisted meniscal surgery are safe and accurate diagnosis, low morbidity, smaller wound and quicker recovery. In the human knee, the meniscus is a fibrocartilage. It is important because it absorbs shock, and enhances static joint stability and load bearing. Unfortunately, menisci can be injured (by grinding force, twisting injury in sport). The torn portion may displace and become jammed in the knee joint blocking knee extension (locked knee). The tear may also extend. The peripheral vascular portions are repairable. The inner parts are avascular and may need to be trimmed, removed or contoured.

Indication

1. Locked knee (To extend the knee will provoke pain).
2. Recurrent symptom of pain along the joint line.

The Operation / Procedure

1. Under anesthesia (local, regional or general) skin incisions will be made.
2. Arthroscope inserted.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation
2. Blood tests, X ray.
3. Anesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions. e.g. diabetes, asthma.
4. Keep fast for 6 to 8 hours before operation.
5. Empty bladder and change to operation clothes before transfer to operating room.
6. Pre-medication, antibiotic prophylaxis intravenous line may be required.

Postoperative Instruction**A. General**

1. Mild throat discomfort or pain because of intubation
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Diet as tolerated when fully conscious, usually normal diet by 24 hours.

B. Wound care

1. Oral, intravenous or intramuscular analgesic as require. Pains usually settle down quickly after 1 to 3 days.
2. Cryotherapy and elevation to control swelling.
3. If there is a drain, it will usually be removed after 1 to 3 days.
4. Most patients can weight bear with or without support immediate post operation.
5. Most patients can be discharged home after 1 to 2 days. Braces are occasionally prescribed.

C. Diet

Resume diet, usually 4 hours after anesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anesthetic may result in serious complication although rare.

B. Procedure related complications**General**

1. Wound infection, swelling and bleeding.
2. Wound breakdown, pain and keloid formation.
3. Flare up of preexisting illness e.g. Hypertension, diabetes.

Specific

1. Knee flexion contracture and reduce range of movement.
2. Knee effusion.
3. Venous thrombosis.
4. Recurrent tear of meniscus which may require further surgery.
5. Major blood vessel or nerve injury, and may lead to loss of limbs.

Possible Additional Procedures

1. Infection. It may require arthroscopic lavage, debridement and/or removal of implant.
2. Stiffness. It may require Manipulation under Anesthesia.
3. Re-tear of repair, requiring revision.

Alternative Treatment

Conservative treatments. This can include muscle training exercise or bracing. Patient can also adjust their lifestyle to decrease their high demanding sport activities. (The obvious disadvantage of conservative treatment is the uncertain diagnosis and the possibility that the meniscal tear can extend further leading to more knee joint damage.)

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. You should keep your wound clean and dry, see the doctor as scheduled.
5. If you have any excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever, see your doctor immediately or attend the nearby Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Arthroscopic Assisted Meniscal Surgery" (2021)

Smart Patient: http://www.ekg.org.hk/pilic/public/O&T_PILIC/O&T_ArthroscopicMeniscalSurg_0051_eng.pdf (12-07-2023)