Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Knee Arthroscopy with Meniscal Repair or Partial Menisectomy

1. Introduction

1.1. The knee is the largest joint in the body which made up of the femur, tibia and patella. Between the tibia and femur lying two fibrous soft tissue called meniscus which acts as shock absorbers and stabilizers for the knee joint. Following a twisting type of injury, the meniscus can tear. This can be resulted either from a sport injury or simple sprain when getting out of a chair or standing from a squatting position.

1.2. Knee arthroscopy is a common orthopaedic procedure for diagnostic and therapeutic purposes of torn meniscus and other knee problems. Physicians use a fibre-optic telescope (arthroscope) to view the interior of the knee joint without making a large incision through the skin and other soft tissues. It provides a safe and accurate diagnosis, low morbidity, smaller wound and faster recovery.

2. Procedural Preparation

2.1. Tests may be ordered include X-Ray or Magnetic Resonance Imaging (MRI) of knee, blood tests, Chest X-Ray and Electrocardiogram (ECG).

2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.

2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.

2.5. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

3.1. The operation will be performed under general or spinal anesthesia.

3.2. Arthroscopy:

3.2.1. The surgeon will begin by making small incisions to allow special instruments, including a fiber-optic camera, to be placed into your knee. If the surgeon can see the tear with the arthroscope, he can determine if the tear is repairable or if the meniscus should be partly removed.

3.3. Meniscus repair:

3.3.1. The meniscus tears will be repaired by suturing (stitching) the torn pieces together.

3.4. Partial Menisectomy:

3.4.1. The damaged meniscus tissue will be trimmed away and smoothen out the residual meniscus.

3.5. After the operation, the knee will be protected with a soft bandage or brace to prevent wound infection, reduce swelling and immobilize the operated knee.

4. Recovery Phase

4.1. Elevation of the operated leg above heart level is encouraged to reduce swelling and pain.

4.2. If a nerve block has been given, numbness sensation may be felt which last for 8 to 24 hours.

4.3. Keep wound clean and dry to prevent infection.

4.4. Ice therapy 15-20mins several times per day as tolerated to relieve pain and control swelling.

4.5. A locked knee brace maybe prescribed for ambulation and protection of the operated knee.

4.6. If necessary, you will be referred to physiotherapist for muscle strengthening exercise and training.

4.7. The usual rehabilitation is between 4 weeks to months, patient should undergo a series of physiotherapy and avoid high-stress activities.

5. Possible Risks and Complications

5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

5.2. The operation for knee arthroscopy is generally very effective and is rarely associated with major complications like massive bleeding. Some people unfortunately do suffer a knee flexion contracture and reduce range of movement, recurrent tear of meniscus that required further treatment.

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6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. References

7.1. Irwin, T. Tendon injuries of the foot and ankle. In: Miller MD, Thompson SR, eds. DeLee and Drez's Orthopaedic Sports Medicine. 4th ed. Philadelphia, PA: Elsevier Saunders; 2015:chap 117.

7.2. Azar, FM. Traumatic disorders. In: Canale ST, Beaty JH, eds. Campbell's Operative Orthopaedics. 12th ed. Philadelphia, PA: Elsevier Mosby; 2013:chap 48.

7.3. American Academy of Orthopaedic Surgeons. MeniscusTears-OrthoInfo.

7.4. Henning CE, Clark JR, Lynch MA, Stallbaumer R, Yearout KM, Vequist SW. Arthroscopic meniscus repair with a posterior incision. Instr Course Lect. 1988;37:209–221.

7.5. Hospital Authority. Smart Patient Website.

7.6. Martin Lind M, Nielsen T, Faunø P, Lund B, Christiansen SE (2013). Free Rehabilitation Is Safe After Isolated Meniscus Repair. A Prospective Randomized Trial Comparing Free with Restricted Rehabilitation Regimens. The American Journal of Sports Medicine. 41(12): 2753-2758.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____