ARTHROSCOPY

Knee Clinic
SPIKE ERASMUS

YOUR KNEE

The knee joint is the most complicated joint in the body and consists of three joint surfaces which are covered with articular cartilage; two menisci (cartilages) between the joint surfaces and four ligaments which stabilise the joint. With normal walking the load through your knee is four times your body weight. If you run, this load will increase to eight times your body weight and with jumping to twelve times. It is amazing that your joint can withstand these massive loads, and also understandable that at times problems occur.

THE CLINICAL EXAMINATION

To make an accurate diagnosis, it is important to have a complete medical history of your knee problem. This includes the mechanism of injury, the type and localization of the discomfort and symptoms such as swelling, giving way, locking etc. The medical history is followed by a careful clinical examination of the joint, after which the surgeon should be able to make a provisional diagnosis. This provisional diagnosis is further confirmed by diagnostic tests.

DIAGNOSTIC TESTS

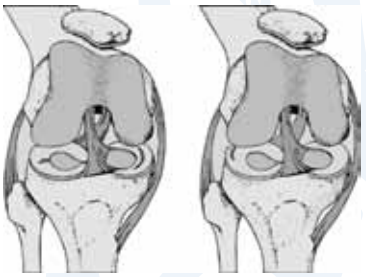
Routine X-rays would show any abnormality in the bone itself and will also show up wear on the joint surface. It is however not possible to see soft tissue structures such as cartilage and ligaments on X-rays. In some special cases an MRI (magnetic resonance imaging) is done, as this does show up soft tissue. An arthroscopic examination can also help to make a diagnosis.

THE ARTHROSCOPE

The arthroscope is an instrument similar to a telescope, approximately the thickness of a pencil with a lens on the one end which is placed into the joint through a small incision. A small video camera is attached to the back of the arthroscope allowing one to view the inside of the joint.

ARTHROSCOPIC SURGERY

This is usually done on an outpatient basis, i.e. you would come in, have your operation and be discharged on the same day. For six hours before the operation you are not allowed to eat or drink anything.



On the morning of the operation you should report to the hospital reception from where you will be directed to the ward. Under a general anaesthetic three small puncture wounds are made into the joint. The scope and necessary instruments are inserted through these wounds into the joint and the surgical procedure performed as necessary. We are able to do surgical procedures such as removal of loose bodies, menisectomies, repair of joint surfaces and even ligament reconstructions through the scope.

You would be allowed to go home the day of the arthroscopic procedure. In most cases you are immediately allowed to bear full weight. In a small percentage of cases you may need crutches for a day or two.

Complications after arthroscopic surgery are extremely rare, but not impossible. Problems can include bleeding, infection and clots. The results of arthroscopic surgery depend on the primary problem. In cases of severe joint degeneration, the results can be disappointing. Remember you are not allowed to drive your car for the first 12 hours after an anaesthetic.

POST-OPERATIVE CARE

After your arthroscopic examination/surgery you should do the following:

- You can walk without crutches. If, however, your knee is uncomfortable, use crutches until you feel you can manage without them.
- Absorbable stitches have been placed beneath the skin and need not be removed.
- The bandage around the joint can be removed after three days. By then the wounds should be healed sufficiently, enabling you to either bath or shower.
- If your knee is pain-free after four weeks it is not necessary to book a follow-up appointment unless you have been instructed otherwise. Your knee will take approximately 4 - 6 weeks to become totally pain free.
- Should physiotherapy be indicated, we will prescribe it.
- You should not have severe discomfort. The light analgesics that have been prescribed should control your pain.
- Sometimes there might be swelling in the knee that could hamper movement temporarily. If severe, it might need to be aspirated.