

INFORMATION FOR PATIENTS UNDERGOING KNEE ARTHROSCOPIC ACL SURGERY

This sheet provides general advice only. It is provided to help reinforce any information provided by Dr. Soares during your consultation. If you have any questions after reading this sheet please contact the office and make an appointment to see Dr. Soares so he can answer your questions.

The Surgery:

3 or 4 small (each less than 1cm) incisions are made in the knee joint. An instrument, about the width of a ball pen is inserted into the knee joint through one of the incisions, and a telescope with camera attached is used to view the joint. Through another incision, instruments are passed into the knee which allow the damaged tissue to be dealt with. This may include trimming a torn meniscus (cartilage) or trimming a loose flap of torn articular cartilage (joint surface lining). A longer incision is made on the inner side of your leg below the knee to harvest the hamstring tendons. Occasionally Dr. Soares will also use a tendon from the outer side of you leg (fascia lata)

The risks: The most common risks are listed below.

Infection – happens in less than 1 in a 100 patients. If you have a temperature of have increasing swelling and pain please notify Dr. Soares so he can arrange to assess you.

Stiffness – it is common to have a feeling of stiffness for upto 6 weeks after your arthroscopy. It is important that you work on maintaining and improving your range of motion.

DVT and PE (clots in the veins):

Deep vein thrombosis (clots in the veins of the leg) can occur after knee arthroscopy. They are more common if you have a family history of clots or if you have had a previous clot. Please tell Dr. Soares if you have either a family history of clots or have had a clot yourself. Please notify Dr Soares if you have pain in your calf or marked swelling in your calf and foot after your operation.

Numbness:

Occasionally patients have a small area of numbness near the skin incision. This is because a small nerve in the skin (too small to be seen with the naked eye) has been cut. This may recover over a period of upto six months. Occasionally the numbness does not recover.

Ongoing pain more than 6 weeks after the operation:

Overall seven out of ten patients (70%) tell me after their surgery that their pain has gone and they are happy. Two out of ten (20%) say they are better than before but still have some pain. One in ten (10%) say that they have had no improvement. This is usually because the arthritis in their knee is very advanced and they may require a further major procedure such as a knee replacement.

Simple exercises to perform include:

Extending your knee – making your knee straight. Sit on a normal chair. Rest your heel on the ground and push your knee into full extension (fully straight). The lift your heel off the floor. Try and hold your leg in the air for 10 seconds. Relax.

Flexing your knee – bending your knee. Work on bending your knee – try and get to the same bend as on your other knee. When you get past 90 degrees your knee will feel tight. Please work on increasing the range.

Repeat flexion and extension 10 times.

At 3 weeks after your surgery and when Dr. Soares is happy with your wounds you can exercise in a pool (walking in the water) and on an exercise bike. This will help you to regain muscle mass and strength. With the exercise bike have the seat as high as possible and start off without any resistance. As you get stronger you can add resistance. From six weeks after your surgery, when you have regained a full range of motion you can commence straight line running. Avoid rough or uneven ground. No touch football or activities that involve changing direction (pivoting) for upto 6 months after your surgery.

PLEASE WRITE ANY QUESTIONS YOU HAVE SO YOU DO NOT FORGET TO ASK THEM WHEN YOU SEE DR. SOARES FOR YOUR REVIEW.