

Procedure Information Sheet - Arthroscopic Assisted Meniscal Surgery

Introduction

- In the human knee, the menisci consist of fibrocartilage. It is important because it enhances static joint stability, absorb shock 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. 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.
- Arthroscopy is an established method in orthopedic surgery. Its use include diagnostic as well as for therapeutic purposes for many conditions of the joints. The advantages of arthroscopic assisted meniscal surgery are safe and accurate diagnosis, low morbidity, smaller wound and quicker recovery.

Indications

1. The knee joint is locked.
2. The torn portion of the meniscus can jammed in the knee joint. Full extension is impossible. To extend the knee will provoke pain.
3. Recurrent symptoms of pain along the joint line.

Procedure

1. The operation is performed under general anaesthesia.
2. Make an incision near the knee joint, and then insert the arthroscope
3. Use of arthroscope to perform the meniscal surgery.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma, etc.
3. Blood tests and X-ray.
4. Keep fast for 6-8 hours before operation.

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Possible risks and complications

A. In general

- Anaesthetic risk.
- Wound infection, swelling and bleeding.
- Wound breakdown, pain and keloid formation.
- Flare up of pre-existing illness eg. Hypertension, diabetes.

B. Specific risks

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

Possible additional procedures

- If infection, it may require arthroscopic lavage, debridement and/ or removal of implant.
- If stiffness, it may require manipulation under anaesthetic.
- Re-tear of repair, requiring revision.

Post-operative information

A. Hospital care

1. Diet as tolerated when fully conscious, usually normal diet by 24 hours.
2. Oral, intravenous or intramuscular analgesic as require. Pain usually settles down quickly after 1 to 3 days.
3. Cryotherapy and elevation to control swelling.
4. If there is a drain, it will usually be removed after 1 to 3 days.
5. Most patients can weight bear with or without support immediate post operation.
6. Most patients can be discharged after 2-3 days of operation. Braces are occasionally.

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B. Home care after discharge

1. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38°C or 100°F) occurs.
2. You should keep your wound clean and dry.
3. Follow up on schedule as instructed by your doctor.

Alternative treatment (conservative treatment)

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.

Remark

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.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____