



Procedure Information - Arthroscopic Assisted Meniscal Surgery

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

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Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

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

The 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.

Risk and Complication

1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
2. Surgical instruments or implant may be broken off and retained at the surgical site during operation.

A. Anaesthesia

Please ask the anaesthetist for details of anaesthetic complications.

B. In General

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

C. Specific complications

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.

Before the Procedure

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood tests, X-ray, correct and optimizing existing illness e.g. diabetes, asthma.
3. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma, etc.
4. Fast for 6-8 hours before the operation.
5. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.



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After the Procedure

A. Hospital Care

1. Diet as tolerated when fully conscious, usually normal diet by 24 hours.
2. Cryotherapy and elevation to control swelling.
3. Oral, intravenous or intramuscular analgesic as require. Pain usually settles down quickly after 1 to 3 days.
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. Braces are occasionally.
6. Most patients can be discharged after 2-3 days of operation.

B. Home care after discharge

1. You should keep your wound clean and dry.
2. 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.
3. Follow up on schedule as instructed by your doctor.

Possible additional procedures

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

Alternative Treatment

1. Conservative treatments: This can include muscle training exercise or bracing. Patient can also adjust their lifestyle to decrease their high demanding sport activities.
2. 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.

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.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date