

## Knee Arthroscopy

### What is an arthroscopy?

An arthroscope is a thin telescope with a flexible fibre optic light source. It is used to examine the structures inside a joint under direct vision. It is passed through a small skin incision into a joint. Small instruments can also be introduced through another tiny incision to perform “keyhole” surgery. You are likely to have been experiencing symptoms in your knee such as pain, swelling, stiffness, clicking, locking or instability. Your Orthopaedic Surgeon has suggested a Knee Arthroscopy in order to look inside your knee joint to help to find out what has been causing your symptoms. There are various problems which they may find and which can be treated for example:

- Meniscal tear (torn cartilage). The torn piece of cartilage is usually removed.
- Loose bodies such as bone, cartilage or debris from the joint can be removed from the joint cavity.
- Chondral defects (holes in the joint surface) can be debrided (smoothed or shaved).

### What are the expected benefits of treatment?

The degree to which your symptoms improve will depend on the findings of the procedure. After the surgery you will be given an appointment to discuss what was found and, if applicable, what treatment was carried out.

### What are the alternatives?

You could decide not to have a knee arthroscopy and to manage your symptoms with pain killers, exercise, walking aids or surgical appliances. You can discuss other possible investigations or treatments with your Orthopaedic Surgeon or Practitioner. Further information can be obtained from the NHS Choices website -

[www.nhs.uk/conditions/arthroscopy/Pages/Introduction.aspx](http://www.nhs.uk/conditions/arthroscopy/Pages/Introduction.aspx)

Before considering arthroscopic surgery for degenerative problems or meniscal tears, it is best to try without an operation for several months, in case things improve. This is a balance of risks and benefits. Possible treatments include physiotherapy, exercise or consideration of a steroid injection. Patients who have a mechanical problem, with a knee that locks or catches, tend to do better than people who have pain. The charity has some advice on exercises for people with degenerative knee problems at [www.versusarthritis.org](http://www.versusarthritis.org)

### What are the potential risks and side effects?

In most cases the procedure is done without any problems. Rarely patients still complain of similar symptoms after surgery. Serious complications occur in less than 1 in 100 cases and can include:

- Accidental damage to structures inside or near to the joint.
- Excessive bleeding inside the joint which can cause a lot of swelling and pain.
- Infection within the joint - this can be serious but only occurs very rarely.
- A small risk of deep vein thrombosis (DVT).

- As with any operation, there is a small risk of complications related to the general anaesthetic.
- Some research has suggested an increased risk of needing a total knee replacement in the future in people having a knee arthroscopy.

It is important to prepare for an operation to reduce the risks of complications and get the best results. There is information about how to do this at: <https://www.cpoc.org.uk/patients>.

### **After arthroscopic surgery, see a doctor urgently if you:**

- Have severe and progressively worsening pain or swelling in the knee, particularly if the joint is also hot, tender or red. (This may indicate bleeding or infection in the joint).
- Develop a high temperature.
- See fluid, pus or excessive blood coming from the site of the incision.

### **Where will the procedure take place?**

Knee arthroscopies are performed in an operating theatre under General Anaesthetic and usually as a Day Case. You will arrive, have your operation and leave for home on the same day (you will not be able to drive home). It can take between 15 and 60 minutes in the operating theatre. The skin around your knee is cleaned and sterilised. Two or three cuts are made in the knee, one for inserting the arthroscope and the others for instruments.

Sterile fluid is put into your knee to enable the surgeon to see inside the joint and any necessary surgery to be carried out. The incisions are then closed with removable stitches or Steri-strips and the knee padded and bandaged.

### **After the operation**

Recovery from the operation is extremely variable and depends on many factors. Although your hospital stay is short your recovery takes time. The length of time it takes to recover from the surgery will depend on what treatment the surgeon needs to carry out and the findings of the surgery. It can take up to 3 months to feel an improvement following the procedure.

### **Dressings**

You can remove the outer bandage and cotton wool yourself at home 48 hours after the surgery.

### **Pain**

The knee may ache and swell following surgery. As a local anaesthetic has been put into your knee you may find you only start to feel pain in the evening after you leave hospital. To help reduce discomfort you may need to take regular painkillers, following the instructions on the packet. Do not exceed the stated dose. If you feel you need more help with controlling pain you can discuss this with your General Practitioner.

### **Swelling**

Although the incisions in your skin may be small, the surgery performed inside the knee may be complex and cause inflammation and swelling. To reduce swelling in your leg you should rest with the leg elevated at regular intervals throughout the day. Use pillows or cushions to ensure your foot is above the level of your knee and your knee is above the level of your hip. Ice packs such as a bag of frozen peas wrapped in a tea towel will help to reduce swelling and can be applied, if needed, every hour for 15 to 20 minutes. Take care to move the ice pack if you feel excessive stinging to avoid ice burns. The small incisions may well be tender and lumpy and your knee may swell after activity for up to three months.

## Physiotherapy

You will not routinely need to see a physiotherapist after your procedure. It is important you follow the advice and exercise programme provided on this sheet. Generally you will be able to walk unaided after the procedure. If you have difficulty walking the nurses will arrange for a physiotherapist to see you to give you crutches and teach you how to use them safely. As the pain in your knee decreases you may discard the crutches, or, progress from using two crutches to one stick in the hand opposite to your operated knee. Once you are able to walk without pain or limping stop using walking aids. Please return the crutches when you come for your follow-up appointment.

You will be reviewed at an outpatient appointment in person or by telephone after your surgery. If you need further help to return to normal activities further treatment, such as physiotherapy, can be arranged at this stage.

## Work

The majority of patients should be walking without too much pain and able to do normal daily activities and sedentary (office-type) work within one to two weeks. If your job is more physical and involves climbing, squatting or lots of stairs, you will probably need two weeks off to recover. If you need a certificate this may be issued on the day of surgery or you should consult your General Practitioner.

## Driving

Providing you have had a straight-forward arthroscopy and have not had ligament reconstruction, driving is possible after 5-7 days when your knee is feeling comfortable. (Please ask if you are unsure). Make sure you can bend and straighten your knee without excessive pain. Check that you can perform an emergency stop safely. You should check with your car insurance company or your consultant if you are concerned.

## Sport

You should avoid strenuous physical activity for at least 6 weeks after the surgery when your knee is feeling comfortable, strong and no longer swollen. It is advisable to gradually increase your level of activity to see how your knee copes. It could take 8 to 12 weeks before you are ready to return to competitive or physically demanding sport such as running, skiing, racquet and contact sports. Before returning to sport make sure your knee is no longer swollen and you can hop, squat and sprint with changes of direction and sudden stops and starts without pain.

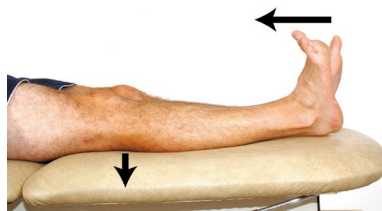
## Exercises following knee arthroscopy

We would encourage you to practice these exercises before your operation in order to improve your progress after your operation. You can start these exercises straight after the surgery. Try to do the exercises given to you at least 4 times a day.

**Circulation exercise** - Keeping your legs straight - pull your toes and feet up towards you, then push them down again. Repeat 10 times every hour during your hospital stay.



**Thigh Muscle (Quadriceps) Exercise 1** - Pull your foot up towards you and tighten your thigh muscle to push the back of your knee firmly into the bed. Hold for 5 seconds then relax. Repeat 10 times. Gradually build up to doing 20 repetitions, 4 times per day.



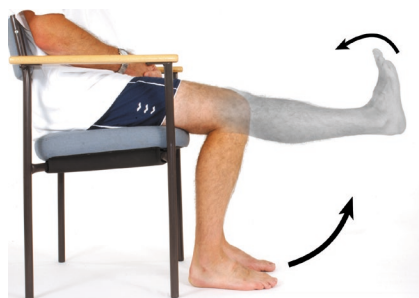
**Thigh Muscle (Quadriceps) Exercise 2** - Place a rolled up towel under your knee (operative side), tighten your thigh muscle to straighten your knee and lift your heel up. Keep the back of your knee on the towel. Hold for 3 seconds then lower slowly. Repeat 10 times. Gradually build up to doing 20 repetitions, 4 times per day.



**Knee Flexion (Bend) Exercise** - When you are safe to do so, sit in a high chair or the edge of your bed. Bend your knee by taking your heel underneath you. Be sure to sit evenly and try to bend the knee further each time. Repeat 10 times.



**Knee Extension (Straightening) Exercise sitting on a chair** - When sitting tighten your thigh muscle to lift your heel and fully straighten your knee. Pull your foot up towards you. Hold for 5 seconds and lower SLOWLY. Repeat 10 times. Gradually build up to 20 repetitions, 4 times per day.



## Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

## Sources of information

- [www.nhs.uk/conditions/arthroscopy/Pages/Introduction.aspx](http://www.nhs.uk/conditions/arthroscopy/Pages/Introduction.aspx)
- The likelihood of total knee arthroplasty following arthroscopic surgery for osteoarthritis: a systematic review (2020) Winter JR, Collins , Katz JN. The likelihood of total knee arthroplasty following arthroscopic surgery for osteoarthritis: a systematic review. BMC Musculoskeletal Disorders (2017) 18:408 <https://link.springer.com/content/pdf/10.1186/s12891-017-1765-0.pdf>
- Kopf, S., Beaufils, P., Hirschmann, M.T. et al. Management of traumatic meniscus tears: the 2019 ESSKA meniscus consensus. Knee Surg Sports Traumatol Arthrosc 28, 1177–1194 (2020) <https://link.springer.com/article/10.1007/s00167-020-05847-3>
- British Association for Surgery of the Knee (2018) Treatment Guidance: Arthroscopic Meniscal Surgery <https://baskonline.com/professional/wp-content/uploads/sites/5/2018/07/BASK-Meniscal-Surgery-Guideline-2018.pdf>
- BMJ (2017) Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline. BMJ 2017;357:j1982 <https://www.bmj.com/content/357/bmj.j1982>

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

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## Reference

Written by: Orthopaedic Research Unit, Conquest Hospital.

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Review date:  
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