



## Procedure Information Sheet

### Introduction

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.

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.

### Indication

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

### The Operation / Procedure

1. Operation is done under general anesthesia.
2. Skin incisions will be made.
3. Arthroscope inserted.

### Before the Operation / Procedure

1. A written consent is required.
2. Fasting for 6 hours before operation.
3. Inform doctors about drug allergy, regular medications or other medical conditions.
4. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma, etc.
5. Blood tests, ECG and X-rays of the appropriate regions before operation.

### After the Operation / Procedure

1. Diet as tolerated when fully conscious, usually normal diet by 24 hours.
2. Oral, intravenous or intramuscular analgesic as require. Pains usually settle 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. According to doctor's order, patients may weight bear with support immediate post operation.
6. Keep wound clean and dry.
7. If wound Infection, it may require arthroscopic lavage, debridement and/or removal of implant.
8. If stiffness, it may require manipulation under anaesthetic.
9. Re-tear of repair, requiring revision.

### Risk and Complication

1. Wound infection, swelling and bleeding.
2. Wound breakdown, pain and keloid formation.
3. Flare up of preexisting illness e.g. Hypertension, diabetes.
4. Knee flexion contracture and reduce range of movement.
5. Knee effusion.
6. Venous thrombosis.
7. Recurrent tear of meniscus which may require further surgery.
8. Major blood vessel or nerve injury, and may lead to loss of limbs.
9. Ask the anaesthetist for details of anaesthetic complications.

#### Patient's Label

Patient Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Episode No: \_\_\_\_\_



### Alternative Treatment / Investigation

Conservative treatments: 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.

### Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

### Reference

Smart Patient Website of Hospital Authority, Procedure Information Sheet: Arthroscopic Assisted Meniscal Surgery (2017)

<p><b>Patient's Label</b>          Patient Name: _____          Hospital No: _____          Episode No: _____</p>
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Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_