



AFFIX PATIENT DETAIL STICKER HERE **and on each subsequent page**

Forename..... Male Female

Surname.....

Hospital Number..... Consultant.....

D.O.B...../...../.....

OPERATION:

.....**knee Arthroscopy**
 +/- meniscal shaving, knee washout, menisectomy, foreign/loose body removal,
 Lateral release, microfracture, radiofrequency ablation

PROCEDURE: An arthroscopy means “looking into a joint” with a camera. It allows the surgeon to examine the knee joint and perform some operations without having to open the knee completely.

You will be visited by your surgeon before your operation. The surgeon will mark (with a felt pen) the leg. This is to make sure the correct leg is operated on. If you have any questions, this is a good time to ask them.

Anaesthetic will be administered in theatre and a tight inflatable band (tourniquet) may be placed across the top of your thigh to limit the amount of bleeding.

Your skin will be cleaned with anti-septic solution and clean towels (drapes) placed around your knee. The surgeon will make up to four small incisions (cuts) either side of the knee cap. These are generally no more than 1 centimetre in length.

Through the first incision, the surgeon can pass a telescope with a camera. This shows pictures on a nearby television screen. The second or third incision may allow tools or drains to be passed into the joint. The tools include probes, shavers, scissors and punches.

The surgeon might not be able to say exactly what needs to be done until they are looking inside the knee. Therefore the consent form is non-specific. It allows the surgeon to treat most abnormalities found during the operation.

Some surgeons close the skin with stitches (non-dissolvable) in which case they will need to be removed around ten days after the operation. When finished, the wounds are dressed and local anaesthetic may be injected into the wounds.



PATIENT DETAILS

When you wake up, you will have a padded bandage around your knee. Later the same day, when you feel well enough, and you have been shown how to use crutches, you may go home. You should not drive yourself home.

You may remove the padded bandage within a couple of days, but the plasters beneath should remain for around 7-10 days and the wounds be kept clean and dry. Do not be alarmed if you see small dried spots of blood through the bandage. Any continuing fluid discharge should however be reported to the hospital.

Exercises will be shown by the physiotherapist before your discharge. The most important of these are the straight leg raising drills.

You may be able to drive within a week and may return to work as soon as walking long distances is comfortable. Returning to work naturally depends upon your profession.

You may be told to avoid sport for a period of time, but talk to your surgeon after the operation.

ALTERNATIVE PROCEDURE: If not already done, an MRI scan may be performed. This will however only aid diagnosis of a problem and not treat it. Physiotherapy may also be of great benefit.

The procedure may also be done purely as an open procedure (an arthrotomy). This involves making a larger cut (incision) and opening the knee joint. This is rarely done now because arthroscopy is so successful and has much fewer complications (in/ by comparison).

RISKS

As with all procedures, this carries some risks and complications.

COMMON (1-5%)

Swelling: The knee may fill with fluid or rarer, blood. This usually resolves on its own however may occasionally require a second operation or draining of the fluid.

Persistent pain: the symptoms may carry on despite the procedure. A repeat arthroscopy or other knee operation may be required.



PATIENT DETAILS

RARE (<1%)

Infection:

the wound sites may become red, painful and hot. There may also be a discharge of fluid. These are signs of infection and can usually be treated by antibiotics. Very rarely, the infection may spread to the knee joint itself (requiring a washout) and/or the blood (sepsis) requiring intravenous antibiotics.

Damage to structures within or around the knee:

this is rare, but may cause further injury and symptoms. This may need further treatment including operation.

Damaged instruments:

these may break within the knee and require an opening of the joint to remove them.

Abnormal wound healing:

the scar may become thick, red and painful (keloid scar).

This is more common in Afro-Caribbeans and Asians. There may also be some oozing of clear fluid.

Numbness:

the skin around the knee and shin may be temporarily or more permanently numb due to damage of small superficial nerves.

Blood Clots

The risks of developing blood clots are greater after any surgery. A clot may develop in the calf or upper leg (DVT – Deep Vein Thrombosis). This usually causes pain, swelling and redness and must be treated with blood thinning drugs. More rarely, a DVT can become detached and travel to the lungs (PE – Pulmonary Embolism). This is a serious emergency which needs prompt treatment. It can be fatal. Preventative measures ie compressions stockings will be provided to minimise the risk of this happening.



PATIENT DETAILS

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have and:

I have received a copy of this consent form

I have received the Spire Patient Information Leaflet

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health

Patient Signature.....

Patient Print Name.....

Date.....

2nd Confirmation..... Date.....

NAME of SURGEON (Capital letters) MR PATRICK LUSTY

SIGNATURE of
SURGEON.....