

KNEE ARTHROSCOPY

Trauma & Orthopaedic Directorate

Risks of Arthroscopy

Risks

The surgeon will explain the risks but these are rare (less than 1%).

Knee arthroscopy is one of the safest operations you can have, and certainly the simplest performed on the knee. However, every operation carries risks as well as benefits, and knee arthroscopy is no exception.

The information included below is there to increase your understanding of the risks of the operation. Most major and minor complications are included, but the list is not comprehensive. You can find out more about the risks involved from your surgeon or at your attendance to the Pre-Assessment clinic.

GENERAL RISKS

1. ANAESTHETIC RISKS

A very large majority of knee arthroscopies is performed with the patient fully asleep, under general anaesthetic. Most patients having this type rarely have significant health problems. If these are present however, the operation may be carried out under regional or even local anaesthesia. General anaesthesia is very safe and its complications in knee arthroscopy are extremely rare.

2. BLOOD CLOTS / THROMBOSES

The risk of blood clots either in the calf (deep vein thrombosis/ DVT) or in the lungs (pulmonary embolism P.E) is less than 0.05%. This risk is low as most patients having the surgery are up and about almost immediately. Good early mobility is best way of preventing blood clots.

SURGERY SPECIFIC RISKS

1. INFECTION

The risk of superficial infection is less than 0.1%. This usually manifests itself as a slowly healing red wound, and reliably settles after treatment with antibiotics.

Deep infection inside the knee joint itself is an extremely rare but potentially very serious complication. It can require long treatment with antibiotics and further surgery.

2. FAILURE TO IMPROVE

Failing to relieve all or some of the patients' symptoms can occur with knee arthroscopies. Its likelihood is higher in some procedures done through the key-hole than others. For example, arthroscopic washouts for arthritis of the knee (which are now performed only in exceptional circumstances – particularly with mechanical symptoms) aim to only temporarily relieve some of the patients' symptoms, mainly pain. It will not cure arthritis. Tears of the shock absorber cartilage on the other hand, can be reliably treated with key-hole surgery.

3. BLEEDING

The portals made to introduce the equipment into the knee are very small (only about 1cm long) so significant bleeding is extremely rare. The wounds do not usually require stitches. Bleeding can occur very occasionally into the knee joint itself, sometimes requiring a washout. Patients on blood-thinning medications such as aspirin are more prone to bleeding during and after surgery. If you are taking blood-thinning medications, you will need to inform our staff in the Pre-Assessment clinic, as these medications may have to be stopped a number of days (7-10) prior to surgery.

4. NUMBNESS AND PAIN AROUND PORTALS

When creating the portals which enable the key-hole surgery, it is possible to inadvertently damage one of the small nerves supplying the skin, causing numbness around the portal. This usually recovers and even if it persists, it is rarely troublesome. The portals themselves can be associated with pain post-operatively. This usually settles on its own without any long-term problems.

CONCLUSION

Knee arthroscopy is a safe and well-proven day-case operation. The risks involved are hugely out-weighted by its likely benefits. This has made this operation one of the commonest performed in the NHS.

Important

Your operation may be cancelled if you have any of the following: - cuts, rashes, abrasions, or skin conditions (Psoriasis, Eczema etc) in-growing toenails, corns, leg ulcers or problems with your teeth or gums.

Symptoms may result in the anaesthetist recommending that the operation should be cancelled e.g. a cold on the day.