

POST-OPERATIVE KNEE ARTHROSCOPY

1. Post-operatively, you should have minimal or no pain in the beginning. This is due to local anaesthetic administered during your operation. The local anaesthetic will wear off in about 4-6 hours after your operation. You may expect to have moderate to severe pain for the first 2-3 days after the operation and thereafter, it will be mild - moderately sore for about two weeks.
2. You are permitted to weight-bear on your operated leg immediately however some patients find they feel unsteady or uncomfortable. Crutches can be obtained if required. Most patients who use crutches after the knee arthroscopy are able to stop using them within a few days. Near normal walking takes 1 - 2 weeks to recover and stressful activities should be avoided for several weeks.
3. If the knee is swollen you need to rest.
4. You can shower but wrap it in a plastic bag and seal the top of the bag with tape to keep the bandage dry.
5. Remove the outer bandage after 48 hours.
6. Underneath the bandage is a waterproof dressing which stays intact until post operative review with Mr Pritchard. A length of tubigrip bandage is provided to wear as support.
7. A review appointment is usually made for between 1 and 2 weeks following surgery to ensure no complications have occurred and to allow time to discuss the operative findings. If you do not have a booking time the rooms can be contacted on 6223 7122.
8. Driving is best avoided in the first few days. Clutch use in manual cars (for left knees) - may flare up symptoms and is best avoided. Swap cars if possible.
If you have to brake suddenly in an emergency you may cause further damage.

An indication of when to return to driving:

Pain free, no longer require pain medication, walking without a limp, no swelling.

9. Report any of the following problems or any major concerns:
 - Continual bleeding not controlled by resting the leg (some bleeding in the first 24 hours may occur)
 - If you develop a temperature and are feeling generally unwell
 - Worsening swelling that does not ease when you have your leg elevated and rested
 - Worsening calf pain or lung pain / shortness of breath (DVT risk)
 - Severe pain that is not controlled by pain medication.