

## 1. YOUR KNEE

The knee joint is a complex joint consisting of three joint surfaces which are covered with articular cartilage; two menisci (cartilages) between the joint surfaces and four ligaments which stabilise the joint. With normal walking the load through your knee is four times your body weight. If you run, this load will increase to eight times body weight and with jumping up to twelve times. It is amazing that your joint can, in most cases, withstand these massive loads. However, sometimes things do give way.

## 2. THE CLINICAL EXAMINATION

To make an accurate diagnosis, it is important to have a complete medical history of your knee problem. This includes the mechanism of injury, the type and localization of the discomfort and symptoms such as swelling, giving way, locking, etc. The medical history is followed by a careful clinical examination of the joint, after which the surgeon should be able to make a provisional diagnosis. This provisional diagnosis is further enhanced by diagnostic tests.

## 3. DIAGNOSTIC TESTS

Routine x-rays would show any abnormality in the bone itself and will also show up wear on the joint surface. It is however not possible to see soft tissue structures such as cartilage and ligaments on X-rays. In some special cases a MRI (magnetic resonance imaging) is done to show up soft tissue. An arthroscopic examination also helps to make a diagnosis.

## 4. THE ARTHROSCOPE

The arthroscopy is an instrument similar to a telescope, approximately the thickness of a pencil with a lens on the one end, which is placed into the joint through a small puncture wound. A small video camera is attached to the back of the arthroscope allowing one to view the inside of the joint.

## 5. ARTHROSCOPIC SURGERY

**It is important that you do not have any open wounds, scabs or scratches on the leg or knee when you are admitted for surgery.**

This is usually done on a day patient basis, i.e. you would come in, have your operation and be discharged on the same day. If a ligament reconstruction has been performed it will be necessary to stay in hospital a bit longer.

For six hours prior the operation you are not allowed to eat or drink.

On the morning of the operation you should report to the hospital reception from where you will be directed to the ward.

Under general anaesthetic, three small puncture wounds are made into the joint. The arthroscope and necessary instruments are inserted through these wounds into the joint and the surgical procedure is performed as necessary. We are able to do surgical procedures such as removal of loose bodies, menisectomies, repair of joint surfaces and even ligament reconstructions.

Complications after arthroscopic surgery are extremely rare, but not impossible. Problems can include bleeding, infection and thrombosis. The results of arthroscopic surgery depend on the primary problem. In cases of severe joint degeneration, the results can be disappointing or short lived and joint replacement surgery may be necessary at a later date.

In most cases you will be able to bear full weight on the knee directly following surgery. In a small percentage of cases the use of crutches will be necessary for a day or two.

#### POST OPERATIVE CARE

- When waking up from the anaesthetic your knee will be in a firm pressure bandage.
- As soon as you are completely awake you can get out of bed and walk for a couple of steps (with help).
- After you have taken a walk the nursing staff will change your dressings and reapply a pressure stocking over the knee.
- The skin clips are removed at 9-10 days post operatively. Patients in Bloemfontein are to make a booking at my rooms as soon as possible. Patients outside Bloemfontein will get a letter to their General Practitioner for removal of stitches.
- You will receive a prescription for pain and anti-inflammatory medication.
- If you still have discomfort or pain after 4-6 weeks you must make a follow-up appointment at my rooms.
- Remember that you will not be able to drive in the first 12 hours following your operation. Please organise that someone can drive you home once discharged.

**If you have severe pain, swelling of the calf or any other problems, please do not hesitate to contact me:**

**051 - 448 3051 (Office Hours)**

**083 252 4315 (Emergencies)**

**DR ALLAN VAN ZYL**