

Knee Arthroscopy Surgery

Information for patients, relatives and carers

September 2025

What is an arthroscopy?

An arthroscopy is where the surgeon performs a small cut in the skin and inserts a special telescope, attached to a video camera, into your knee joint (key-hole surgery). This gives a clear image of what is happening inside the joint.

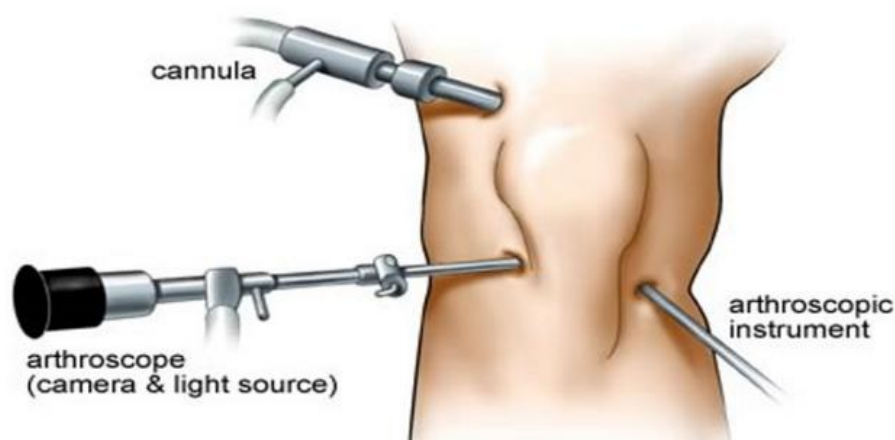
The surgery is performed by two or three small incisions on the front or sides of the knee:

- The arthroscope (camera) is inserted into one portal
- A second portal can be used for saline solution through the knee joint to improve visibility and manoeuvrability of the instruments.
- A third portal to allow the instrument tool to be inserted to carry out any treatment.

What is this operation for?

Arthroscopic surgery can be used for various procedures, which include:

- Trimming or removing any loose fragments or cartilage that have broken off into the joint space (loose bodies).
- Repairing torn ligaments or meniscus.
- Micro fracture procedure



What are the benefits of the procedure?

Arthroscopy allows a surgeon to look inside a joint place that would otherwise only be reachable by opening up the joint using traditional surgery.

The keyhole technique of arthroscopy has a lower risk of complications than traditional surgery and usually results in less pain after the procedure, a shorter hospital stay and a quicker recovery.

Common types of arthroscopic procedures:

Loose body removal

Loose bodies are fragments of bone or cartilage that may be floating freely or lodged in the knee joint fluid or synovium. Loose bodies may be causing locking symptoms of the knee. An arthroscopic instrument is used to reduce to a suitable size and remove it through the portal.

Meniscectomy

Meniscus tears may be confirmed on MRI scan and can be surgically managed if you have persistent symptoms, restriction in function and mechanical symptoms of locking or giving way. Some tears are not repairable, which will be determined by your consultant. A meniscectomy involves a small cutting instrument being used to trim away any loose or torn meniscus.

Microfracture

This can be carried out if there is an area of articular cartilage damage or there is an area of bone damage below the cartilage (osteochondral defect). This involves smoothing over the loose articular cartilage flaps from the surface of the bone. This area of bone is drilled to create a microfracture, which allows more blood supply to stimulate fibrous cartilage growth. You may be required to be protected weight bearing for 6 weeks if this is carried out.

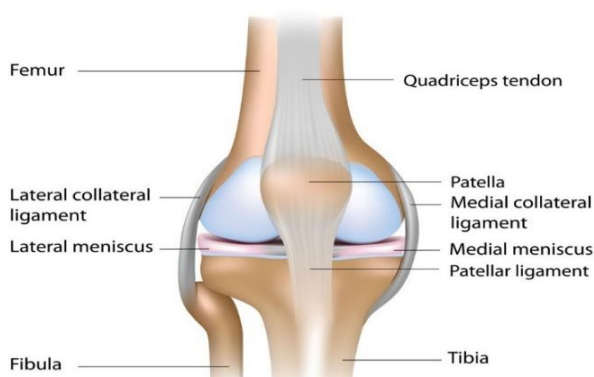
Meniscus repair

Some meniscal tears may be repairable. The repair is dependent on the blood supply of the meniscus, with good blood supply allowing for meniscal healing. To be repaired, the torn edges are stitched back into place. Meniscus repairs take longer to heal and you may have restrictions to your ability to bear weight and bend your knee after surgery. This will depend on your consultant's decision on an individual basis and may not be decided on until after surgery.

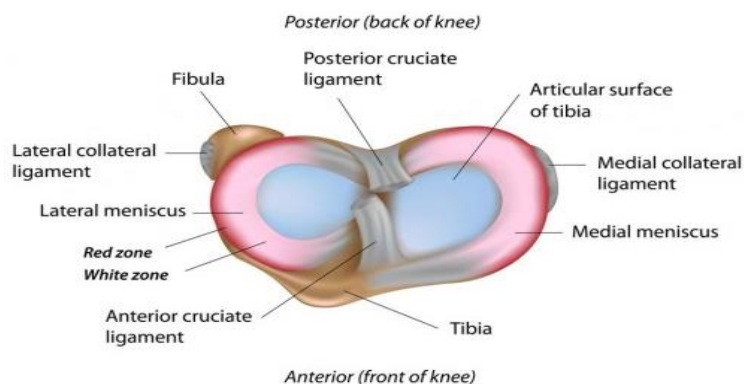
Ligament reconstructive surgery

Ligament reconstructive surgery may be indicated following trauma to the knee, symptoms may include instability and locking which may interfere with your every day or sporting activities. The aims of surgical intervention is to stabilise the knee. A harvesting tendon from one of the leg muscles may be used as the graft and secured in place of the damaged ligament. Ligament reconstructions will follow different post-operative rehabilitation protocols guided by your surgeon and physiotherapist.

Anterior (front) view of the right knee



Superior (top) view of the right knee



What are the risks of surgery?

All surgeries have potential risks and complications. Arthroscopy risks are lower than traditional surgery. Some pain and stiffness around the joint are common, but complications are rare. Whilst this section is not intended to scare you as a patient, it provides information to help you make an informed decision in the consent process.

Complications from arthroscopy can include but not limited to:

- Infection
- Bleeding
- Blood clot in the leg (Deep vein thrombosis, DVT) and in the lung (Pulmonary Embolism, PE)
- Damage to nerves and blood vessels, most commonly loss of feeling in the skin around the knee and scar.
- Knee stiffness
- Accidental damage to the joint
- Unexpected reaction to anaesthetic or medical complications.
- Failure to improve symptoms.
- Further procedures

How long will I be in hospital?

The operation is usually carried out as a day case. This means that you will usually be in hospital a day.

Before you are admitted to hospital

Before you are admitted to hospital, you may need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your admission, treatment and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

Before the date of your surgery please read, very carefully, the instructions given to you. If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose a risk and we may have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown.

The surgeon and anaesthetist will visit you and answer any questions that you have. If you have not done so already, you will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep.

A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle may be put into the back of your hand to give you the drugs to send you to sleep.

What happens after the operation?

A nurse will check your blood pressure, pulse and the area where the operation has been done. You will normally be able to have a drink shortly after the procedure and eat as soon as you feel hungry.

You can usually get out of bed an hour or so after you wake up and you should wait for the nurses to help you as you may feel a little dizzy at first. It is likely to be painful where the operation has been carried out, but if you move carefully, the pain is usually well controlled. The nurses will monitor your pain and give you painkillers, if necessary. It is quite normal for a small amount of blood to soak through the dressing.

Recovery after surgery

Your knee will feel painful and swollen after arthroscopy, this is normal. It is important to be aware of your pain level. Take your pain relief regularly, as prescribed by the hospital. An appointment will be made for you to see a member of the lower limb orthopaedic team in, usually six – eight weeks after surgery.

Walking

Unless you have any restrictions you must try to walk normally as soon as you can. You may need to use a stick or crutches for a few days to help you walk without a limp. Please remember to return the walking aids when you no longer need them.

If it has been necessary to perform a microfracture or meniscus repair during your operation, your post-operative instructions to be able to bear weight may be restricted. This will be explained to you by the physiotherapist and surgical team after your surgery.

Swelling

Swelling and inflammation is a normal part of the healing process. Dependant on your surgery this can last up to a few months. Swelling of the leg is different for everyone and may cause the leg to ache and feel very heavy.

Following your discharge from hospital; you need to apply an ice pack three to four times daily for 15-20 minutes. You will be able to reduce the frequency after this time, but will find that you will benefit from ice therapy for up to three months to help manage the swelling.

Elevating your leg on a stool or on the bed will also help manage the swelling. Do not rest a pillow underneath your knee in a semi bent position. Although this may feel comfortable, it may cause problems with your movement and walking pattern.

Physiotherapy

Not everyone needs a course of physiotherapy after surgery. This is dependent on the type of surgery performed. An appointment will be arranged if necessary or the appropriate contact details will be provided for your local physiotherapy team if you have any problems.

Work

You should return when you feel able to cope with the physical demands of your job. You can discuss this with your GP or Consultant if you are not sure.

Driving

Unless you have any restrictions you can drive when you feel safe to do an emergency stop and safely control the car. You must tell your insurance company that you have had a knee arthroscopy. If in doubt, contact your consultant or GP.

Telephone Numbers

If you are at all worried by your knee please contact us:

Telephone numbers	
During the hours of 8am – 8pm contact the Orthopaedic secretaries	0191 445 8500
During the hours of 8pm -8am the Peter Smith Surgery Centre, Queen Elizabeth Hospital	0191 445 2028
During the hours of 8am -4:30pm contact the Physiotherapy Department (answer machine out of hours)	0191 445 2320
Main switchboard	0191 482 0000

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have.

If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on **0191 445 6129** (09.00 – 17.00, Monday to Friday).

You can also email PALS at ghnt.pals.service@nhs.net

Alternatively, you may wish to complain by contacting our complaints department:

Chief Executive,
Gateshead Health NHS Foundation Trust,
Trust Headquarters,
Queen Elizabeth Hospital,
Sheriff Hill,
Gateshead,
NE9 6SX

The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website ([Privacy - QE Gateshead](#)) or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email ghnt.ig.team@nhs.net.

This leaflet can be made available in other languages and formats upon request