
Knee Arthroscopy

Knee arthroscopy (keyhole surgery) is a common orthopaedic technique used to assess and treat condition of the knee ranging from removal of loose bodies or problematic tissue such as meniscal tears to repair of cartilage and Anterior Cruciate Reconstruction.

It involves small incisions in the knee and the use of probes, cameras and specialised instruments to directly visualise and treat joint injuries. The knee is filled with fluid and care is taken to avoid damage to the cartilage and other knee structures and pictures of the procedure are often taken.

Common reasons for arthroscopy of the knee include, pain, catching, clicking, locking or instability of the knee. Sometimes swelling and irritation can be intermittent with periods of normal function in-between. These symptoms can indicate that there is loose tissue or inflammation that an arthroscopy can address. An MRI scan of the knee will usually be recommended before consideration of surgery to help guide management. Occasionally physiotherapy will also be of benefit.

Modern knee arthroscopy allows for small incisions, low risk of damage to joint structures, direct visualisation and treatment of injuries, less pain, same day mobility and discharge from hospital and faster recovery. Crutches are usually required for the first few days post surgery.

Complications

Complications of knee arthroscopy are rare, however there is a small risk of infection or joint damage, blood clots, ongoing pain or requirements for further surgery.

Recovery Times

Hospital stay	Day only
Rest & elevation	14 days
Crutches/frame	1-2 weeks
Time off work	
- Seated	2 weeks
- Standing	2-4 weeks

This brochure is a brief overview of the surgical management of Knee Arthroscopy and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon:

