



Knee arthroscopy

This is an extremely common operation in orthopaedic surgery, referred to commonly as a 'keyhole' procedure. It is usually performed as a simple day-case procedure. An anaesthetic is still required, but the operation is fairly quick most times, ensuring rapid recovery.

The surgery involves inserting a very fine camera (sometimes referred to as a telescope) into the knee through a small incision. Through another separate small incision fine instruments are inserted and can be used to address a large range of problems.

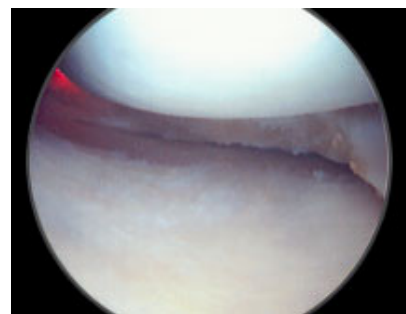
Patients from an office based background can often return to work within a couple of weeks, patients with more physically demanding occupations may need three to four weeks off. The details of individual [rehabilitation](#) and recovery depend on the work undertaken at the time of surgery. Mr Smith and the physiotherapy team will advise you individually and in more detail after your operation.

Torn cartilage

The cartilages or menisci are the knees 'shock absorbers' they can come under considerable pressure and occasionally are damaged. As patients become older they tend to damage more easily. The meniscus is very tough material but has a poor blood supply, as a result, once damage or a tear occurs, they tend not to heal. Because of the important role in sharing load across the knee, surgery to trim a torn meniscus is performed carefully and conservatively. Occasionally, it is possible to repair a torn meniscus with specially designed arthroscopic sutures. Mr Smith will be able to discuss this with you if it is appropriate.



Torn Meniscus at Arthroscopy

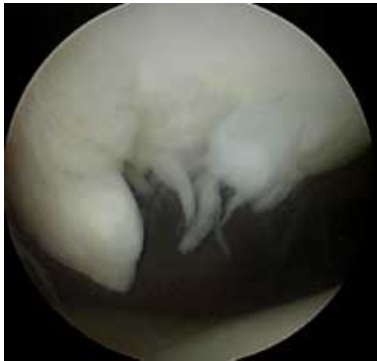


After Trimming the Torn Meniscus



Debridement

Sometimes this is referred to as ‘a tidy up’ or ‘shaving’ the knee. It is performed for joints that are starting to show signs of wear and tear. The technical term for smoothing the articular cartilage (joint surface) is ‘chondroplasty’. The results of this procedure can be very variable, some patients experience excellent relief from their symptoms, others less so. If an arthroscopy is performed to ‘tidy up’ a joint which is already very arthritic, the results are often disappointing. Under such circumstances Mr Smith usually advises against knee arthroscopy, but will discuss other options instead.



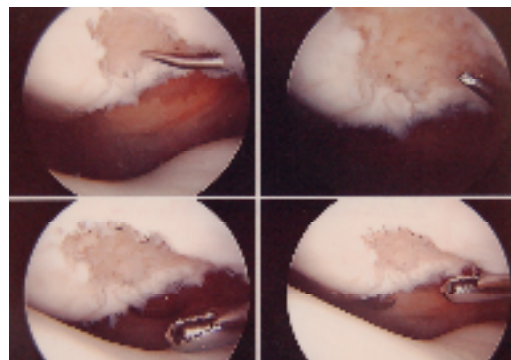
Roughness of the Joint Surface



After Smoothing the Joint Surface(chondroplasty)

Microfracture

This is a technique that stimulates the growth of new tissue to ‘resurface’ a damaged area on the joint surface. It involves making a number of small holes in the joint surface to stimulate this new tissue formation. It is important to follow a strict [rehabilitation](#) process if a good result is to be achieved. This requires a period of protected weight bearing using crutches for four to six weeks. Mr Smith and his rehabilitation team will discuss this with you in more detail. This technique gives excellent results, but is not suitable for everyone, individual discussion is always recommended.



Microfracture