

## Follow-up appointments

**After 2 weeks:** to examine the wound and remove the stitches. **After 6 weeks:** for clinical examination and resumption of athletic activities

#### Leave from work

Leave from work of 2-4 weeks will be prescribed depending on the profession.

## Check list before leaving the hospital

- Discharge letter for your GB
- Prescriptions
- Prescription for physical therapy (INAMI/RIZIV Code: N250)
- Work incapacitation
- Papers for your Hospital Insurance

# In case of problems at home

You can contact the Orthopaedics secretary by phone: **02/221.98.97** 

or e-mail:

- vorick.berger@chirec.be
- arnaud.deltour@chirec.be
- etienne.willemart@chirec.be

In case of problems on weekends:

The emergency department, the on-call Orthopaedist and the e-mail addresses are available to you.

You must notify us if you experience any problems!

«Prevention is better than cure» Don't hesitate to contact us!



# KNEE ARTHROSCOPY



### In the immediate postoperative period & IN GENERAL

Applying ice to the knee combined with taking NSAIDs (Naprosyn or Ibuprofen tablet 2x/day) and paracetamol daily. Medication to protect the stomach, such as Zantac or Omeprazole will be prescribed. In case of stomach pain, NSAIDs should be stopped. If pain persists, schedule an appointment with your doctor to make sure everything is okay.

An injection of Fraxiparine (depending on the type of procedure) should be administered subcutaneously throughout the **entire** period of the post-operative rest in order to prevent phlebitis.

Wound care: no wound care at home.

The dressing will be refreshed and the stitches will be removed during the first follow-up appointment. If the dressing is soiled or dirty, you should remove it, disinfect the wound and apply a new dressing.

**Showers and baths:** for your safety, try not to get the wound wet. It is also possible to use Opsite dressing.

# **Knee arthroscopy**

Knee arthroscopy is a 'minimally invasive' surgical procedure that involves making two incisions of approximately 1 cm as 'portals'.

This procedure requires anaesthesia. It is an outpatient procedure.

Through arthroscopy, it is possible to view:

- Meniscus
- Cartilage
- Surrounding tissue



## Preparation for the procedure

- Arrive in good physical, mental and medical condition.
- Having had nothing to eat or drink (starting from midnight): 6h before the procedure.
- Please note, certain medications should be stopped:
  - Anticoagulant 1 week in advance:
    Sintrom, Plavix, Aggrenox, Persantine, Xarelto.
    These medications will be replaced by injections of Fraxiparine or Clexane.
  - Oral antidiabetic agents 24h: Glucophage, Metformax

#### Shaving-washing:

In order to reduce the risk of infection associated with the procedure, it is important to thoroughly shave the knee (10cm above and 10cm below the knee). Please also take a shower on the morning of the procedure.

#### Crutches:

Plan to bring a pair of crutches with you so you will be able to get around without difficulties.

# **Different types of procedures**

# A. Meniscectomy or partial resection of the meniscus

Definition: The meniscus is a small shock-absorbing pad within the joint to reduce stress on the cartilage. There is a meniscus on the inner and the outer side.

Meniscal injuries are caused either by trauma or by the wear of the knee.



The treatment consists of partial resection of the meniscus, removing the unstable part that is responsible for the pain.

Postoperative follow-up:

- Traditional analgesics, not fraxiparin,
  2 crutches for 2-3 days,
- Taking all weight off of the knee, including driving, for 2-3 days, starting physical therapy immediately
- 2-week follow-up appointment for clinical examination.
- Occupational incapacitation: 2-6 weeks, depending on the job.

### **B.** Meniscal suture

Definition: In some cases of meniscal injury, repair is possible by suture.



Post-operative follow-up:

Recovery is more difficult if the weight is not taken off the knee for 4-6 weeks, followed by partial support for 6 weeks in order to protect the meniscal repair.

## C. Microfractures to repair cartilage

Definition: repair of a cartilaginous lesion by creating holes that encourage the growth of fibrocartilaginous tissue, creating a kind of patch.



Post-operative follow-up:

recovery requires weight to be kept off the knee for 6 weeks and then wearing a brace for 6 weeks