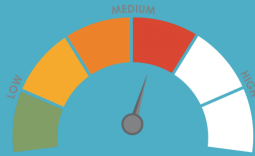


## Therapeutic Arthroscopic Procedures



Mid to late stages



Works best in stage 4 & 5

### What is it?

Washing out the joint of all the debris from wear and tear. This should also remove any cartilage that may be 'catching' during movement.

This is not recommended by NICE and does not address the arthritis condition, just its symptoms.



### Benefits

- Improvement of range of movement especially extension may improve for a period of time.
- Decrease in pain for short term.
- Decrease in "locking" episodes from meniscal damage. Decrease in pain for short term.



### Risks

- Specific risks include infection, bleeding, Deep Vein Thrombosis (< 1:100), pulmonary embolus (< 1:500), persistent pain, complex pain syndrome, swelling at the incision site, anterior knee pain, etc.
- General risks from any operation including anaesthetic risks.



Mid cost



Worse for 2+ weeks



Affected 2+ weeks



Affected for 2+ weeks



No - 6+ weeks



Affected 2+ weeks



Affected 2+ weeks



Affected 6+ weeks



Affected 4+ weeks



Affected 2+ months



Affected 2+ weeks

Limitations due to treatment



Video

## What does it involve?

- This is done under general anaesthetic as a day case procedure.
- Minimum 2 incisions either side of the lower end of knee cap is placed to inspect and carry out the operation. Occasionally additional incisions may be placed.
- If performed for genuine locking episodes, the damaged and displaced tear of the meniscus (displaced bucket handle tear) is removed and movement is restored.
- If locking episodes are due to loose bodies within the joint these can be removed and improves the function.
- Additional procedures like microfracture (making small holes into the bone) may be carried out for small area of isolated complete cartilage loss with an aim to stimulate fibro-cartilage growth. This is usually appropriate in earlier stages of the disease.

## Effort/burden

- One will have to undergo the procedure under anaesthetic and may have to use crutches for a period of time usually up to 2 or 3 weeks.
- For patients who undergo microfracture, they may have to **remain non-weight bearing for up to 6w on crutches**. Further period of protected weight bearing may be necessary.
- One may have to consider time away from work, difficulty in various daily activities, and child care related issues and will not be ready to drive car for weeks.

One may have to undergo physiotherapy for a period of time after surgery.

- **Pain:** Can get worse short term and can last for 2 to 3 weeks.
- **Mobility:** Most need to use crutches for 2 to 3 weeks and sometime weigh bearing can be painful.
- **Daily activities:** Inconveniences for many activities of daily living including bathing/showering, wearing trouser, climbing stairs, sleeping and turning while walking may be affected for 2 to 4 weeks
- **Driving:** One may not be able to drive for minimum 2weeks. Furthermore driving will also depend on which leg was operated and if one was driving manual or automatic car.
- **Leisure activities:** This may be limited for 2 to 6weeks. – For example taking a dog on a lead for a walk can be affected for up to 6weeks. Playing with children, kneeling down can be affected.
- **Light exercises:** This can be affected for up to 4weeks. Exercises which require loading of the joint can be painful.
- **Heavy exercises:** One may not be able to do heavy exercises for up to 6 or 8 weeks.
- **Light work:** One may be able to return to desk based work within few weeks. However, prolonged sitting may be affected for few weeks.
- **Heavy work:** One may not able be able to return to heavy manual job for 4 to 8 weeks depending on the nature of the job.
- **Intimate relationship:** Due to pain on loading or during kneeling, intimate relationship will be affected for 2 to 4 weeks. However, discuss with you doctor regarding any specific questions.

## Benefits

- There is fair evidence to support removal of damaged meniscus in genuine locked knee to help with pain and function. It will not cure the arthritis and does not work for simple degenerative tears.
- Range of movement especially extension may improve for a period of time.
- There is small to very small improvement in pain short term; but long term improvement is controversial.

## Limitations and side effects

- In the initial stages, some may report exacerbation of pain which is short lived.
- It is advised to gradually increase activity level a few days after surgery.
- Minor side effects include swelling, superficial infection or side effects from anaesthetic, inflammation from the place where cannula was placed or sore throat.
- The procedure may not work and expectation may not be met.

## Risks

All risks associated with surgery and anaesthesia.

Specific risks related to the procedure include infection, bleeding, stiffness, deep vein thrombosis, pulmonary embolism, swelling along the port site, delayed wound healing or break down, sensitive scar, anterior knee pain, persistent pain and clicking, complex pain syndrome and more.

The procedure is not recommended by NICE as an effective treatment for arthritic knee.

## Cost

- **For patient:** Time off from work, cost of help needed during the initial stages including cost of visits to hospital, GP surgery, physiotherapy, taxi fares, parking charges etc.
- **Cost for NHS:** Generally moderately expensive option. Cost of treatment of complication should they require treatment will also add to the expense.

## What if no treatment is done?

- Arthritis will continue to deteriorate
- Symptoms will deteriorate, sometimes rapidly
- May have a negative influence on other management options.

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