

# COMPLICATIONS SPECIFIC TO KNEE ARTHROSCOPY

## BLEEDING

Bleeding into the joint does occur as a result of the surgery. A small amount of bleeding is not uncommon, however if your knee becomes swollen and tight, you should rest, elevate and ice it. The knee may need to be drained in the rooms and occasionally a repeat arthroscopy is needed.

## OOZING

Oozing from incisions can occur and is usually not a problem. You can change the dressing yourself using antiseptic or have your local doctor do it if you are concerned. Other options are to go to casualty or ring Dr Walker's rooms to see if he can see you that day.

## INFECTION

Whilst very rare, if you become unwell, or the knee becomes increasingly swollen or red please contact Dr Walker's rooms as soon as possible. It can cause damage to the surfaces of the joint and result in stiffness. Treatment involves antibiotics and often further surgery.

## DAMAGE TO VESSELS OR NERVES

This may occur, particularly with meniscal suturing. This can result in numbness in the skin and weakness in the lower leg. Some numbness, tingling or irritation around the skin cuts can occur but significant damage to major structures is extremely rare.

## REFLEX SYMPATHETIC DYSTROPHY

This is a condition resulting from overactivity of the nerves around the operative site. Its cause is not well understood by the medical profession and it is difficult to treat. Fortunately, it is very rare after arthroscopy.

## DVT (OR BLOOD CLOTS)

DVT or blood clots in the leg can cause calf pain and swelling, which damage vessels or nerves. These are also rare after arthroscopy. If they do occur, you may require blood thinning medication in the form of injections or tablets. If the clot travels to the lungs it is called a pulmonary embolus (PE).

## ONGOING PAIN

Especially common in an arthritic knee. Some knees may require further investigation or even a repeat arthroscopy.

## **ANAESTHETIC COMPLICATIONS**

Modern anaesthetics are extremely safe. Anaesthetists use technologically advanced equipment with sophisticated monitoring devices. Modern anaesthetic drugs also have fewer side effects and higher margins of safety.

Despite this, every anaesthetic carries a risk. Fortunately, major ones are rare.

You will see your anaesthetist prior to your surgery who will discuss your anaesthetic with you. This is your opportunity to discuss any concerns you may have. Any previous anaesthetic history is helpful for your anaesthetist. It is important to bring with you a list of medications and any test results you may have had (e.g. blood tests, cardiographs).

Anaesthetics are either general or local. General means you are put to sleep and local means a needle is given to anaesthetise (numb) the area for surgery. This may be a needle around the operative site, in nearby nerves, or a needle in the back (spinal or epidural).

### **GENERAL ANAESTHETIC**

Minor complications of general anaesthetic include:

- Headache
- nausea/vomiting
- pain or infection at drip sites
- sore throat
- bleeding from the tube
- chipped teeth.

Major complications include:

- heart attacks
- Stroke
- Kidney failure
- Death (very rarely).

The risk of these complications is increased in patients who have underlying medical problems and in those having more major surgery.

There is a risk of allergies to medications and it is important to notify all medical personnel of any known allergies.

If you have a blood transfusion, there is a risk of a reaction to it as well as an extremely small risk of infectious diseases such as hepatitis or AIDS.

### **LOCAL BLOCKS, EPIDURALS OR SPINALS**

Risks specific to local nerve blocks or spinal anaesthetics (needle in the back) include:

- Local nerve damage, which can cause ongoing irritation
- Spinal cord damage due to haematoma (bleeding) or infection. This is an extremely rare complication but can lead to paralysis or even death.

Your anaesthetist will make every effort to make you as comfortable as possible during your anaesthetic and will be more than happy to answer any questions for you. He or she will explain the risks of the anaesthetic to you.