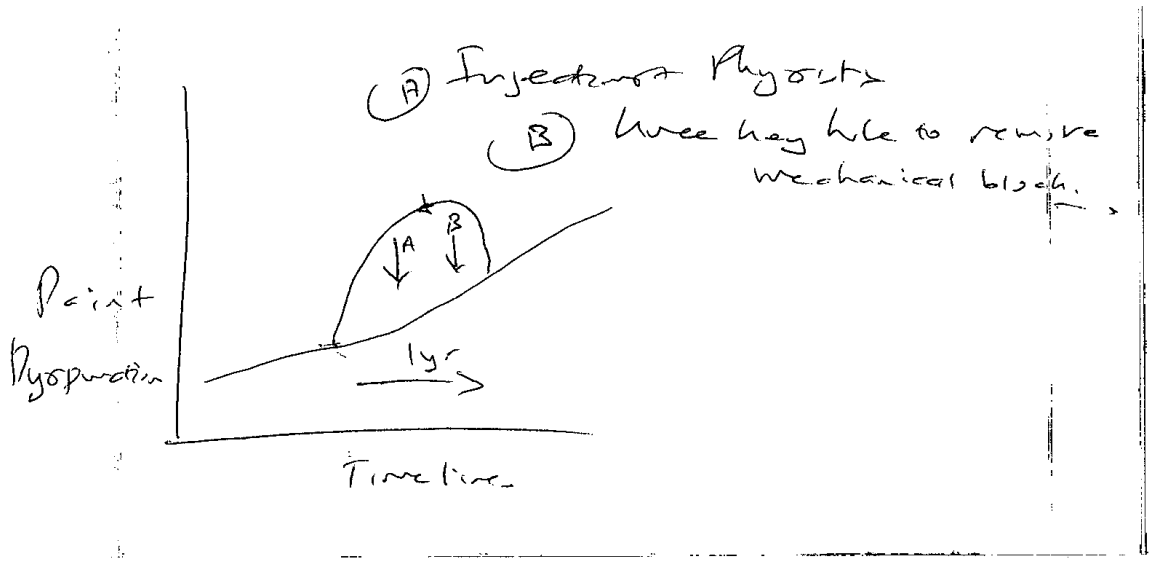
Knee Arthroscopy:

Pro/Cons of Surgery, Risk Profile & Rehabilitation Advice

The X-rays and MRI scans which show relative preservation of the joint space, the MRI scan did not show any bony oedema or high signal within the femur or tibia. There is an extruded medial meniscal cartilage tear which is causing mechanical symptoms. I have warned you that there is some thinning of the articular cartilage but this is within the normal spectrum of age related findings. On further questioning we discussed sharp shooting mechanical pain with locking rather than dull toothache arthritic pain as well as twisting and turning very painful.

I have explained that moving forward options are to do nothing and continue and in about one year's time things can resolve as evidence by the literature, however, increased pain levels will continue and this may not be acceptable to you. We have also talked about injections and physiotherapy in order to break the pain barrier and provide a pain free window to rehabilitate with exercises.

We have made a shared decision along this line, if this does not work we may have to consider keyhole surgery to remove any mechanical knee pathology within the knee such as this extruded medial meniscal tear which is causing physical mechanical issues. I will keep you posted on how we will move forward.



Having failed conservative treatments, we agree that a knee arthroscopy would help remove the unstable fragments and allow a chance of getting rid of this sharp pain. You have been warned that this will not help with articular cartilage wear and tear and that the degenerative process will continue and the knee may continue to swell up because of the arthritis.

Bucket Handle Tear Shared decision

The MRI scan has shown a large tear that is unstable in the knee.

Having discussed your individual cirmcumstances and attitude to risks and implications of surgery, we have agreed to the plan below:

We have tried conservative treatment, but the medial meniscus bucket handle tear has been moving on occasional twisting and turning and despite every effort to avoid this it keeps happening. We have come to a shared agreement that we both think that this is not improving as your functional demands need and moving forward there is an unstable mechanically proven bucket handle tear that is moving I think we need to consider surgery in the form of left knee arthroscopy and medial meniscal repair in order to try and save the meniscus and continue to keep the shock absorbing function, moving forward if we do not do this then it is very likely that it will continue to come in and out of the joint causing cartilage damage and it would also become completely incompetent and the natural history of this would lead to premature osteoarthritis.

You have been given time to reflect and think about this and we have come to a shared agreement that this is the best course of treatment. The safety net would be that we would use an off loader knee brace immediately after surgery to protect the repair, if there is a small chance that the damage done to the meniscus is already very extensive and this is not repairable we will have to remove the incompetent parts of the cartilage of the meniscus and then continue with an off loader brace for long term in order to protect the knee further.

We discussed small risks according to the knee arthroscopy treatment agreement plan sheet of infection and rehabilitation and DVT prophylaxes, TED stockings, calf mobilisation and most likely the use of Rivaroxaban 10mg for the first two weeks. If you use an automatic car so that he can drive once he has recovered from the operation and he will only need the brace when fully mobile. Following this he can then continue to rehabilitate and he will need the brace for about six to ten weeks. We signed a shared agreement treatment plan today, should there be any further concerns please do not hesitate to contact me.

Signed Signed

Mr Rishi Chana

This is a day case procedure and usually takes about half an hour to forty minutes, you will then go home with crutches but will be fully weight bearing and fully mobile. The bandage is on for five days which can then be removed by yourself, underneath this there will be absorbable stitches on the outside of the wound covered with Mepore dressings. You will have some physiotherapy to help him with his mobility.

You have been advised to go back to driving at around five to seven days but I have recommended ten days to two weeks off work in order to fully rehabilitate and gain strength back. I have quoted the risk of infection being 1%, other risks would include numbness and neuroma formation around the scars, and that the arthritis pain would be on going as a progressive problem and the tears can recur in different areas and also there is a 1 to 2% risk of a DVT and a risk of PE is 1 in 1000, these can be fatal. 1 in 1000 risk of septic arthritis after deep infection.

With regards to a VTE prophylaxis, we have discussed the options of mechanical and chemical thrombo prophylaxis and we have agreed that we will go with bilateral below knee TED stockings mobilisation and keeping well hydrated and analgesia in order to continue with his mobility, I have explained that moving the foot and calf and that the calf pump mechanism will keep the blood flowing through the leg and minimise the risk of DVT. I have recommended either rivaroxaban or use Aspirin 75mg EC as chemical prophylaxis as the risk of hematoma formation within the knee is twice that of a DVT and this has its own complications with regards to septic arthritis, washouts, chronic bone infection and on going problems which may preclude having a knee replacement. You have understood this, taken this on board and are in full agreement with my recommendation. I have provided you with a BMI arthroscopy leaflet today and advised to look at the website and also referred to the internet for further self education, I have also provided you with my card and informed you that should there be any problems after the procedure or if there are any concerns at any time we have a 24 hour seven day a week hot line service, that is manned by either one of our secretaries or a consultant orthopaedic surgeon who is able to provide advice immediately. Should there be any other questions or queries please contact me accordingly and I look forward to seeing him in due course for his procedure.

You have indicated an understanding and acceptance of these consultations by summarising this to me in your own words.

Mr Rishi Chana

Signature:

I have read, reflected and understood the conversation above. As part of my Treatment Contract I have discussed and conveyed my specific goals, worries, concerns and questions with Mr Chana.

These are outlined below and by signing this confirm that a shared decision about all aspects of my care have been completed to my entire satisfaction.

My goals or outcomes expected of the treatment including surgery are:

To stay fit and mobile to walk more everyday.

My specific concerns pertinent to my personal circumstances are:

I want to be able to continue work.

TEDS and Rivaroxaban 10mg od due to brace.

I accept the risk profile and procedure tailored to my personal circumstances and concerns raised through the consultations and give Mr Chana informed consent to perform the agreed surgery / treatment plan specified above. I have also reinforced my understanding of the plan above by explaining what I am going to say to my family at home about things back to Mr Chana so we are both happy with our understanding.

Signed

Signature: