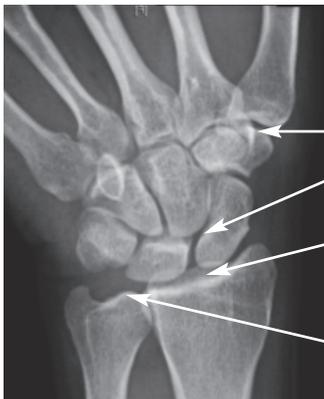




SURGERY

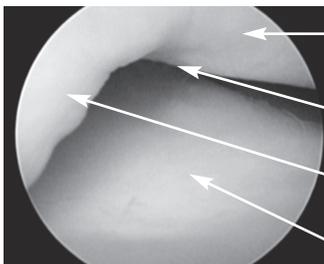
Wrist Arthroscopy

Wrist Xray to show where an arthroscope can look



- Thumb base joint
- Mid-carpal joint
- Radio-carpal joint
- Ulnar side of wrist

View inside Wrist Joint through the Arthroscope



- Lunate
- Scapholunate ligament
- Scaphoid
- End of the radius

What does this involve?

This involves looking inside the various parts of the wrist joint using a small telescope.

Remarkable images, and a great deal of information, can now be obtained with investigations such as magnetic resonance imaging (MRI). Despite this the size and complexity of the wrist means that sometimes directly looking inside the joint is the only way to really know what is going on.

In many cases the arthroscopy just provides more information to guide further treatment.

There are also an increasing number of procedures that can be carried out inside the joint using the arthroscope and small instruments.

When is surgery needed?

A wrist arthroscopy might be considered in a number of different circumstances.

The commonest conditions to require an arthroscopic assessment are a scapholunate ligament injury and a TFCC injury.

The commonest procedures performed through a wrist arthroscope are a debridement (cleaning up of the inside of the joint) and a TFCC repair.

Surgery will only be necessary if your symptoms are persistent and intrusive or if a significant injury is suspected that might be best fixed sooner rather than later.

Type of Operation

Day Case

Length of Procedure

45 mins
(longer for a procedure as well)

Anaesthesia

Regional Anaesthetic (whole arm numb) or General Anaesthetic (asleep), Local Anaesthetic for simple inspection of joint



What are the main risks of this operation?

Swelling, Stiffness and Scar pain

Fluid is put into the joint during the operation to make it easier for the telescope to go in. This makes the wrist swollen after the surgery. This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. In most people the general swelling reduces dramatically in the first couple of days after the operation.

Local swelling around the small surgical scars (usually 3 or 4 half centimetre wounds) can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scars.

Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

Infection

This is unusual in the hand (less than 1% of cases). Local wound infections can often be treated with antibiotics by mouth. Rare, deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

Nerve Damage

The nerves most at risk with these operations are the small skin branches supplying sensation around the scar on the back of the hand. The lost patch of skin sensation from these injuries might be irritating but should not affect how your hand works.

Tendon irritation

The telescope passes between the tendons on the back of the wrist to get to the joint. Occasionally these can be irritated after the operation. This usually settles down with time.

Residual Joint Discomfort

This depends on what the arthroscopy was carried out for and if any procedure has also been carried out.

Post Operative Course

Day 1 and 2

- A sticky dressing and padded bandage is applied after the operation
- Keep the dressings clean and dry
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving all the joints immediately after the operation to prevent stiffness
- Take painkillers before the anaesthetic wears off and as necessary thereafter

Day 3 - 14

- You can take off the padded bandage but keep/replace the sticky dressing over the wound to protect it.
- Keep the wounds clean and dry
- Continue gently exercising the hand and wrist. You can use the hand for light activities but avoid heavy loading and prolonged periods with the hand dangling down below your waist.

2 Weeks

- A wound check and removal of stitches (if necessary) should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your surgery.
- Continue gradually increasing activities with the hand and wrist as comfort allows.
- Once the wound is completely sealed a daily session of 10 minutes massaging the scars with unscented hand cream is often useful to disperse swelling and desensitise the scars.

6 Weeks

- Most people are back to normal activities by this stage although scar massage may still be useful

3 Months

- It may take this long for residual discomfort in the scar and wrist to settle down.

Post Operative Difficulties

Contact your surgical centre if:

- Your fingers become more swollen, stiff or painful than you expect
- You see any discharge, wetness or detect any unpleasant smells from below your dressing

Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

Driving

You may drive when you feel confident to control the car, even in an emergency.

Many patients, particularly if they have had right sided surgery, find they can drive within a week of this operation. Left sided surgery (for the gear stick and hand brake) may take a little longer.

Time off Work

This will vary depending on the nature of your job. A light desk job may only require a few days off work. If you have a very heavy job you may need up to 6 weeks off work.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.