
Wrist Arthroscopy

The wrist is a complex structure comprising of eight carpal bones that produce multiple joint surfaces. The joint is stabilised by a number of ligaments and tendons all of which are confined in a small area.

Injury or wear-and-tear can lead to damage or inflammation, which causes pain, swelling or stiffness. In order to accurately identify the cause of any problems and, if possible, to rectify them, an arthroscopy is performed.

An arthroscope is a fibre-optic instrument, often described as a telescope, which is about the diameter of a thin pencil. The arthroscope and the instruments used to inspect and 'trim-up' the joint are inserted through small incisions (up to 4) over the back of your wrist. Pictures of the inside of your wrist are transmitted by the arthroscope to a television screen. This enables your surgeon to clearly see the structures within your wrist, identify problem areas and carry out any procedures that can help to rectify the problem.

AFTER CARE

- After the surgery the wounds are closed with stitches (sutures) and then bulky padding and bandages are applied
- to provide support and help to reduce swelling. These dressings remain in place until your follow-up appointment and must be kept dry. If the dressing feels too tight it may be loosened carefully.
- Your wrist may be painful for a day or two after the operation due to bruising and swelling. You may find that it is more painful the day after surgery as local anaesthetic is injected into the joint during surgery and the effects of this will have decreased. Pain control medications will be given to you to take home if required.
- You should be able go home about 4 hours after your surgery if you are well enough.
- To reduce the amount of swelling you should elevate your hand above the level of your heart most of the time for the first week after your surgery.
- You should not drive a car until your wrist is comfortable enough for you to make an emergency avoidance manoeuvre.
- An appointment will be made for you to see your surgeon in 10 to 14 days post surgery at which time your wounds and wrist recovery will be checked. You should rest your wrist until this time.
- However movement of the fingers and elbow is encouraged.
- •After 2 weeks active movement of the wrist is recommended. Physiotherapy requirements will depend on the nature of the damage in your wrist.
- You should avoid using your hand for lifting for about 4 weeks.

COMPLICATIONS

There are always some risks with any surgery. These include:

- The possibility of infection. This is low and antibiotics are usually given during surgery to reduce the risk even more.
- Bleeding around the wound.

- Deep Vein Thrombosis (DVT). This risk is low unless you have had a DVT or have a family history of this. Please inform your doctor if this is the case.
- A rare but possible complication is called Reflex Sympathetic Dystrophy, the exact cause of which is not known. The symptoms include severe burning pain in the whole limb, swelling, acute sensitivity to touch, muscle spasms and sweating. These symptoms can last from 6 to 18 months and may not fully resolve.

Specific risks for this surgery are:

- Damage to the nerves supplying the hand
- Damage to the nerve around the insertion sites resulting in localised numbness.
- Damage to the tendons in the fingers when the arthroscope is inserted.
- Bleeding in the wrist..

DISCLAIMER

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