

Wrist Arthroscopy



Overview

This minimally invasive outpatient procedure allows the surgeon to evaluate and treat injuries and disorders of the ligaments, cartilage, and bones of the wrist. The surgeon uses a small camera, called an arthroscope, and tiny instruments which are inserted through small incisions in the wrist.

Preparation

The patient lays flat with the arm secured to an arm table and the wrist suspended vertically with traction. The arm is cleansed and sterilized, and a tourniquet is applied. General anesthesia is usually administered. Sometimes a regional nerve block may be used instead to numb the arm, and a sedative provided to relax the patient.

Accessing the Wrist

The surgeon uses a needle to inject fluid into the joint. Several small incisions are made on top of the wrist near the joint. An arthroscopic camera and a probe are then inserted. The camera eliminates the need for a large incision, as it allows the surgeon to view inside the joint on a monitor.

Joint Inspection

Irrigation fluid is pumped through the joint to provide a clear view. The surgeon uses the camera and probe to evaluate the ligaments, cartilage and bones of the wrist for signs of damage. A light on the arthroscope illuminates the inside of the joint.

Repairing the Joint

Once the wrist has been diagnosed, the physician may use one or more of the arthroscopic instruments to treat any damage. Loose or damaged cartilage may be removed, ligament tears may be repaired or debrided, and bone may be shortened. Severe damage may require more extensive surgery with an open incision.

End of Procedure

The incisions are closed with sutures or surgical tape. Local anesthetic is administered to the wrist for pain relief. The wrist is then bandaged and usually splinted to immobilize the joint. The patient will be given pain relievers and is allowed to go home the same day.