

Wrist arthroscopy

Information for patients

This information sheet answers some of the questions you may have about having a **wrist arthroscopy**. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

What is a wrist arthroscopy?

It is a type of keyhole surgery in which we put a small, thin telescope, called an arthroscope, through a small cut in your skin, to look inside the two main joints of your wrist. This allows us to check for damage to the surfaces of your joints, the ligaments holding your bones together and the cartilage.

Why do I need surgery?

It is the best way of looking at the structures inside your wrist because scans are not accurate enough. We can also treat certain conditions at the same time, using specialised arthroscopic instruments. For other conditions, you will need another operation. This will involve 'open' surgery in which we make a larger cut.

What are the benefits?

- It helps us to diagnosis the cause of your wrist pain.
- It will make your wrist less painful.
- It will improve how well you can move your wrist and enable you to get back to normal activities.

What are the risks?

Common side effects, which will ease over the first week, include:

- **Bleeding:** you often get some bruising in your hand and fingers. This is normal and takes about 10 – 14 days to settle.
- **Pain:** your wounds will be a little tender and thickened for a few weeks and you may find using your hand uncomfortable. We will try to make sure you are comfortable before you go home. Take the painkillers we give you regularly and keep moving your hand, as explained on page 3.
- **Fluid:** a small amount of fluid will collect in your wrist for up to two – three weeks after your operation. This will gradually go away. Doing too much exercise will make it worse.

Less common but more serious complications include:

- Infection: this is a risk after any operation but it is not common after this type of surgery.

Symptoms to look out for include:

- increasing pain under your wound and around it
- increasing redness in the area around your wound
- a foul-smelling discharge from your wound
- a temperature of 38°C (100.4°F) or more.

If you think your wound has become infected, please contact your GP straight away. You may need antibiotics and may be referred back to hospital to have your wrist washed out.

Rare risks

- Deep Vein Thrombosis (DVT): this is where a blood clot forms in one of the main blood vessels in your leg. This is very rare. Gentle walking after your surgery will help to prevent it.
- Nerve and vessel damage: this is a very rare complication, but any operation around a joint such as your wrist does carry a small risk of nerve or vessel damage. If this happens – for example, you may have some numbness caused by a nerve being stretched during your surgery – it may get better over time. Very occasionally, you may need more surgery, for example, to repair a damaged blood vessel.
- Compartment syndrome: a rare complication, which causes swelling and pain in the arm on which we operated. If this happens, you may need more surgery.

Your anaesthetist will discuss with you the most appropriate type of anaesthetic for this operation and any associated risks.

Are there any alternatives?

- You can take painkillers, such as anti-inflammatory tablets, to control your pain, but these will not cure your problem.
- You can have physiotherapy to improve your symptoms.
- You can have an injection in your wrist joint to help improve your symptoms.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Who can I contact with queries and concerns?

Please contact a member of your consultant's team for more information.

Do I need prepare for surgery?

Before your operation you will have a pre-assessment appointment with one of our nurses. They will carry out some screening tests which may include blood tests, MRSA swabs and an electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

You will be given information such as:

- when to stop eating and drinking in the hours before your operation
- whether you should stop taking your usual medications before going into hospital
- what to bring with you into hospital

What happens during surgery?

We usually give you a general anaesthetic for this procedure as well as a local anaesthetic in your wrist, to help keep you comfortable when you wake up. This means you will be asleep during your operation.

Your surgeon will make a small cut on the side of your wrist so they can put in the arthroscope. They will then usually make a second cut so they can put fluid into your joint. This enables them to see inside your wrist more clearly. If they need to use more instruments, they will make a third cut.

The cuts are like small buttonholes, about 3-4mm long. They are so small you do not need stitches – your surgeon will close the cuts using special tape.

How long does surgery take?

This depends on the condition of your wrist, but on average it takes 30 – 60 minutes.

What happens after surgery?

As you had a general anaesthetic you will go back to the ward for at least an hour because you will feel drowsy and need time to recover.

You will also need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.

You will have a bulky dressing covering your wound sites and your arm will be put in a sling. Your hand may be numb because of the local anaesthetic we gave you to relieve pain. You usually get feeling back in your hand after about four – eight hours, but the numbness can last for up to three days.

You will be able to go home on the same day, once you are fully recovered.

Getting back to normal

Once you are home, there are several things you can do to get the most from your surgery and help your wrist heal:

- Keep your fingers moving as much as the pain allows, bending and straightening them.
- Keep your arm up, either in a sling or on pillows. To reduce swelling, try to keep your hand above elbow level so fluid can drain back.
- Two days after your operation, you can take off the outer wrapping of the bandage and the wool below, leaving only the sticking plaster.
- Five days after your operation, you can remove the sticking plaster, either by lifting or soaking it off. You can now wash your hand and get it wet. If your wounds are dry, which they usually are, you can leave them open to the air; if they are damp or oozing a bit, cover them with another sticking plaster. You can now start using your hand normally, depending on how much pain you have.
- Your hand may be bruised and tender for about a week or two.
- When you go back to work and start doing other activities depends on how well your wrist heals, the type of job you do and whether you had surgery on your dominant (writing) hand. Most people take about 5 – 10 days off work.
- We will give you a copy of your operation notes when you are discharged. We will also send a copy to your GP.
- We will give you written advice about caring for your wrist after your surgery, which your nurse will discuss with you before you go home.

Will I need to come back to hospital?

If your surgeon needs to see you again, we will write to you offering you a new appointment. You usually have this appointment one – two weeks after your surgery. They will explain what they found during the operation. You do not usually need physiotherapy and you will have no stitches that need to be taken out.

Valuables

Where possible, please do not bring anything of value into hospital with you as we do not have the facilities to lock your valuables away. Our staff will treat your possessions with care, but the Trust cannot accept liability for the loss of personal items.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: 020 3299 3601
Fax: 020 3299 3626
Email: kch-tr.PALS@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

www.kch.nhs.uk
PL570.2 April 2015

Corporate Comms: 0980
Review date April 2018

King's College Hospital is part of King's Health Partners Academic Health Sciences Centre (ASHC), a pioneering collaboration between King's College London, and Guy's and St. Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts.

For more information, visit www.kingshealthpartners.org 