PROCEDURE

Wrist arthroscopy

Wrist arthroscopy is keyhole surgery using a tiny camera to examine and sometimes treat problems inside the wrist.

PURPOSE
Examine and treat problems inside the wrist

PROCEDURE TYPE
Both diagnostic and therapeutic; minimally invasive surgery

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General, often with a regional nerve block

HOW LONG IT TAKES
Usually 30 to 90 minutes

PREPARATION
Fasting, medicine review, and transport home

RECOVERY
Same day; no driving until safe and cleared

MAIN RISKS
Infection, stiffness, nerve or tendon injury, persistent pain

RESULTS
Findings usually immediate; laboratory results take several days

Overview

Wrist arthroscopy is a type of keyhole surgery. A surgeon places a narrow camera, called an arthroscope, into your wrist through a small cut. The camera sends enlarged images to a screen.

The surgeon can inspect the cartilage, ligaments and other structures inside the joint. Small instruments inserted through other cuts may be used to repair or remove damaged tissue.

Arthroscopy usually causes less disruption to surrounding tissue than open surgery. However, it is still an operation, with possible complications and a period of recovery.

Why the procedure is performed

Wrist arthroscopy may be offered when scans and examinations have not fully explained ongoing wrist pain, clicking, weakness or restricted movement. It can provide a direct view inside the joint.

It may also be used to:

What can be treated during the same operation will depend on the problem found and what you agreed to beforehand.

- Assess or treat tears of the triangular fibrocartilage complex, or TFCC
- Examine and repair certain ligament injuries
- Remove loose pieces of cartilage or bone
- Treat inflamed or damaged joint tissue
- Assist with some wrist fractures
- Remove selected ganglion cysts
- Wash out an infected joint alongside other treatment

Who should and should not have it

Your surgeon may recommend arthroscopy if the findings are likely to change your treatment or if a problem can be treated through small incisions. It is usually considered after reviewing your symptoms, examination findings, previous treatment and imaging.

Arthroscopy may not be the right option if simpler treatment is likely to help, or if open surgery would give better access. It may offer limited benefit for advanced arthritis because it cannot restore extensively worn cartilage.

The operation may need to be avoided or delayed if you have:

Tell your surgeon what you hope the operation will achieve. Arthroscopy can identify and treat many problems, but it cannot guarantee that pain or movement will return to normal.

- An active infection near the wrist or elsewhere in the body
- A medical condition that makes anaesthesia or surgery unsafe at that time
- Significant swelling or damaged skin where the instruments would enter
- A bleeding risk that cannot be managed safely
- An injury requiring urgent open surgery instead

How to prepare

Follow the treating facility's own instructions first, even if they differ from general information here. They are based on your planned anaesthetic and operation.

You will usually receive instructions about when to stop eating and drinking. Not following these instructions may mean the procedure has to be postponed.

Give the surgical team a current list of your medicines, supplements and allergies. Blood thinners and medicines affecting diabetes may need special planning. Do not stop a prescribed medicine unless the team responsible for your procedure tells you to do so.

Arrange for an adult to take you home. You may also need someone to stay with you during the first night, particularly after general anaesthesia or sedation.

Before leaving home, remove jewellery from the affected hand and follow any washing or skin-preparation instructions. Tell the team if you develop an illness, fever, skin infection or wound before surgery.

What happens during the procedure

Wrist arthroscopy is usually performed under general anaesthesia, which means you are unconscious. A regional nerve block may numb the arm and provide pain relief. Some procedures can be done using a nerve block with sedation instead.

Your arm is cleaned and covered with sterile drapes. The surgeon may use a padded device to apply gentle traction, creating space inside the small wrist joint. A tourniquet may temporarily reduce blood flow to the area.

The surgeon makes several small cuts, called portals. Sterile fluid expands the joint, and the camera is inserted through one portal. Fine instruments may enter through the others to examine, trim, remove or repair tissue.

The instruments are removed when the procedure is complete. The cuts are closed or covered, and your wrist is placed in a padded dressing. A splint or cast may be needed after a repair. You then move to a recovery area while the anaesthetic wears off.

Recovery and what to expect afterward

Some pain, swelling and bruising are expected. Keeping your hand raised above heart level can help with swelling. Take pain medicine only as instructed. Contact the team if pain is worsening

rather than settling.

You can usually drink and eat when you are awake and not feeling sick. Start with light food if the anaesthetic has upset your stomach.

Keep the dressing or splint clean and dry. You may be encouraged to move your fingers to limit stiffness, but do not lift, push or grip until your surgeon says it is safe. Repairs generally require more protection than an examination or simple removal of damaged tissue. Hand therapy may be recommended.

Do not drive yourself home. Avoid driving while taking sedating pain medicine, while a nerve block affects your arm, or while a splint prevents safe control of the vehicle. Return only when you can steer, signal and respond safely and your surgical team has cleared you.

People doing desk-based work may return sooner than those whose work involves lifting, tools, vibration or repeated hand movements. Your return date will reflect what was done and whether your job can be modified.

Risks and possible complications

Most people recover without a major complication, but wrist arthroscopy is not risk-free. Possible problems include:

Your personal risk may be affected by the planned treatment, previous wrist injuries and your general health.

- Infection, bleeding or delayed wound healing
- Temporary or lasting numbness from irritation or injury to a nerve
- Injury to a tendon, ligament, cartilage or blood vessel
- Wrist or finger stiffness
- Ongoing or increased pain
- Complex regional pain syndrome, causing persistent pain and sensitivity
- Failure of a repair or incomplete relief of symptoms
- A need for further surgery, including open surgery
- Reactions or other complications related to anaesthesia

Results and follow up

The surgeon can usually explain what was seen and treated soon after the operation. Because anaesthetic medicines can affect memory, it can help to have these findings written down or discussed again at follow-up.

If tissue or fluid is sent to a laboratory, those results usually take several days or longer. Ask how and when you will receive them.

A routine follow-up appointment is used to inspect the wounds, review the findings and plan movement, therapy or splint use. Recovery is often quicker after a diagnostic examination than after ligament or cartilage repair.

Alternatives

The alternatives depend on what is wrong and what the operation is intended to achieve.

Observation and activity changes avoid surgery, but the problem may continue or worsen. A splint, hand therapy, pain relief or an injection may reduce symptoms without correcting a torn or unstable structure.

Ultrasound, CT or MRI scans are non-surgical ways to gather more information. They may not show every small ligament or cartilage injury, and they cannot treat a problem while examining it.

Open wrist surgery gives the surgeon wider access and may be better for complex injuries or major reconstruction. It usually requires a larger incision and may involve more soft-tissue healing.

Choosing no further treatment is also an option when symptoms are manageable and delaying treatment is unlikely to cause harm. Ask what is likely to happen without arthroscopy and whether waiting would change the available options.

When to call your healthcare team

Contact your surgical team promptly for a routine but timely review if you have increasing redness, drainage, fever, worsening swelling, persistent numbness after the nerve block should have worn off, or pain that is not controlled as expected.

Seek urgent medical help if your dressing or splint feels dangerously tight, your fingers become pale, blue or cold, or you develop rapidly increasing pain and swelling.

Call emergency services for severe difficulty breathing, chest pain, collapse, or signs of a serious allergic reaction such as swelling of the face or throat.

Mild bruising, swelling and soreness are usually handled at routine follow-up if they are steadily improving.

Common questions

Will I be asleep?

Many wrist arthroscopies are performed under general anaesthesia. Some use a regional nerve block with sedation, so you may be relaxed or sleepy without being fully unconscious. Your anaesthesia team will explain the plan.

Can I drive home?

No. Arrange for someone to collect you. You should not drive until the anaesthetic and nerve block have worn off, you are no longer taking sedating medicine, and you can control the vehicle safely.

How painful is wrist arthroscopy?

Soreness and swelling are common during the first few days. A nerve block and pain medicine may help. More extensive repairs generally hurt more and take longer to recover from than diagnostic arthroscopy.

When will I know what was found?

The surgeon can usually describe the findings after the procedure. Laboratory results from tissue or fluid samples take longer.

How big will the scars be?

Arthroscopy uses several small cuts rather than one large incision. The scars often become less noticeable with time, although healing differs between people.

How long will my wrist take to recover?

Recovery after a simple examination or tissue clean-up may take days to weeks. Recovery after a ligament or cartilage repair can take several months and may include splinting and hand therapy.

Sources

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