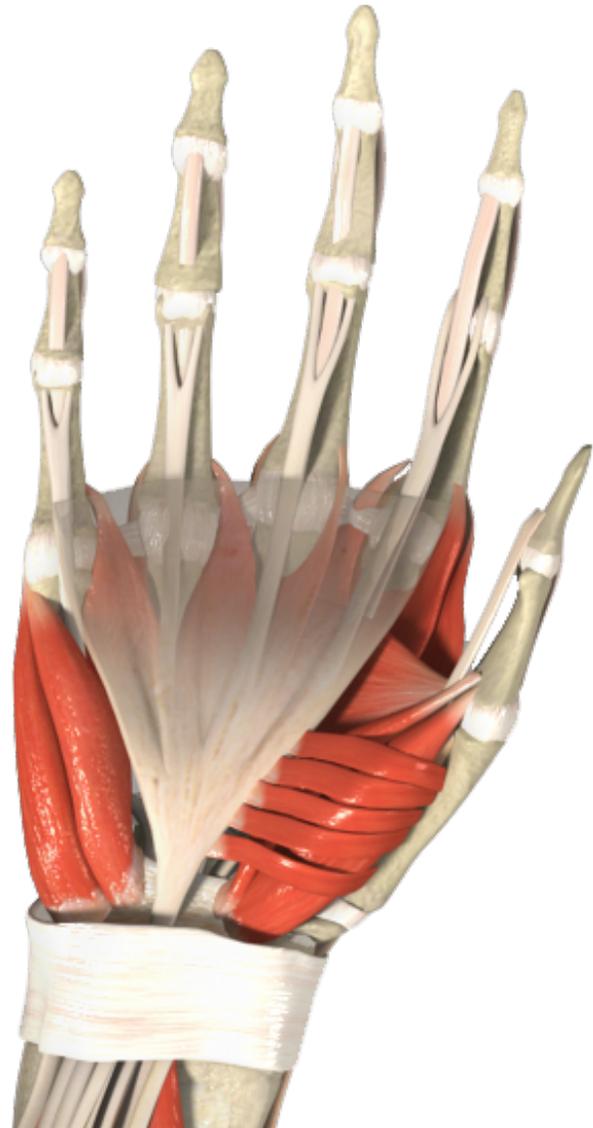


Wrist Arthroscopy

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Introduction

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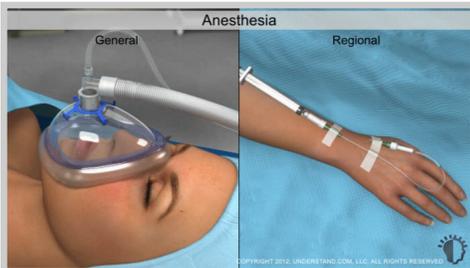
Anatomy

The wrist is one of the most complex of all the joints in the body. It's made up of eight small bones, many connecting ligaments and tendons, muscles, nerves, and blood vessels. Articular cartilage covers the ends of the bones, allowing them to slide smoothly against one another. Ligaments connect bones to one another, while tendons connect muscles to bones and control the actions of the fingers, thumb, and wrist. All of the nerves in the hand, which control muscle movements and provide sensation, travel through the wrist along with the blood vessels that supply blood to the hand.



Why Arthroscopy?

Identifying the exact cause of wrist pain is sometimes difficult due to the complexity of the joint. At times imagery methods, such as x-ray, CT scans, or MRI are not able to detect a specific injury causing the pain. Wrist arthroscopy is typically used in these situations to help identify and treat the underlying cause of the wrist pain such as torn ligaments, cysts, and degenerative changes to cartilage from arthritis. When injuries to the ligaments of the wrist are identified by MRI or other methods, wrist arthroscopy is often used to allow the surgeon to evaluate and treat the injury without having to make a large incision. In some situations conditions such as ganglion cysts or wrist arthritis may also be treated with wrist arthroscopy, thus avoiding larger incisions.



Preparation and Positioning

Wrist arthroscopy is typically done under general or regional anesthesia. The type of anesthesia is chosen by your surgeon based on several factors. If general anesthesia is used, you are given medication so you are asleep during the procedure so you feel no pain. Regional anesthesia with IV sedation involves injecting medication into an IV in your arm to numb your hand, wrist, and arm. You will also be given medication so you are relaxed and may fall asleep during the procedure. After the anesthesia, your arm will be secured and your hand positioned in a device called a traction tower, which holds it in place during the procedure and allows the space between the bones in the joint to be expanded (distracted) for better visualization.



Incisions, Visualization, and Diagnosis

Two or more small incisions, called portals, are made on the back of your wrist to allow the arthroscope and other instruments to be inserted. To expand the joint and to improve visualization, saline solution flows through a tube and into the wrist. The image from the arthroscope is projected onto a video monitor where the surgeon can watch while maneuvering inside the joint. Once your surgeon has determined the cause of your pain or problem, surgical repairs may be completed through the small portals or your surgeon may need to make a larger incision to complete the repair as an open procedure. After arthroscopy, the incisions are closed with sutures and covered with a bandage. A numbing agent is injected to reduce pain after the procedure. A splint, cast, or brace may then be applied to protect the wrist until you follow up with the surgeon.



Recovery

You can expect to have some pain, swelling, and possibly stiffness around your wrist after the procedure. You will likely be advised to keep your hand elevated to help reduce swelling. Sutures will be removed in one to two weeks and you may be required to wear a splint, brace, or cast depending on the specific repair performed. Recovery time is considerably shorter with small arthroscopic incisions, compared to open procedures with large incisions. Arthroscopy enables your surgeon to inspect the complex anatomy of your wrist and allows for both diagnosing and treating a variety of wrist problems.