

ARTHROSCOPY

An arthroscope is an instrument that allows your physician to look directly into the joint that is bothering you. It is an instrument about the size of a pencil (smaller ones exist to look in smaller joints) that is attached to a video camera. Your physician can put the arthroscope inside your joint while observing the structures in your joint on a television monitor.

Arthroscopy was initially used to help diagnose problems of the knee. It showed physician's things never seen before and has proven to be an excellent diagnostic tool. Technology has progressed to allow physicians to look in the knee, shoulder, ankle, elbow, hip, wrist and hand, and even the big toe. Examination of these joints is being performed more and more frequently. The arthroscope is also being used in some situations to see other structures outside of joints, including looking within tendon sheaths and bursae.

Technology has also progressed to allow surgeons to surgically treat the problems seen with the arthroscope. The advent of specially designed surgical instruments are used to remove, repair or reconstruct (replace) damaged tissue. Techniques include trimming tissue, removing loose bodies (fragments of cartilage or bone) within joints, suctioning debris, biopsy of tissue, smoothing rough surfaces, removing inflamed tissue, shrinking tissue, and sewing (suturing), tacking and stapling tendon, cartilage and ligaments. How much can be done within a given joint is dependent on the still evolving technology and instrumentation, surgeon's skill, size and shape of the joint, and our understanding of the body and joints.

The main benefits of arthroscopy are that it allows the surgeon to reach a more accurate diagnosis to prescribe appropriate treatment and perform surgical procedures. Arthroscopy is usually performed through small incisions that heal quickly and cause less pain and trauma to the tissues allowing for better and quicker healing of many problems. Further, most surgeries performed arthroscopically are done as an outpatient (go home the same day) due to the fact less trauma is caused by doing the procedure through the smaller incisions, though some surgeries may require hospital admission.. Regardless of whether a surgery is performed arthroscopically or not, full recovery requires a period of healing and rehabilitation.

Diagnostic arthroscopy is a valuable tool to since radiographs do not show soft tissue well. The need for diagnostic arthroscopy has lessened with the development of MRI, but occasionally arthroscopy is still needed to make a diagnosis. The arthroscope allows direct visualization of the soft tissues, cartilage and bone in living color and motion.

Surgical arthroscopy was the next logical step after diagnostic arthroscopy proved so valuable, but had to be performed with open surgery that caused so much pain and discomfort. Technology has reached the point where physicians are doing many of the same procedures arthroscopically with small incisions that were done open with larger incisions just a few years ago. Still, removal of tissue may disturb the other tissues, causing bleeding, swelling, pain and the need for longer healing time and rehabilitation than after diagnostic arthroscopy alone.

Repair and reconstruction techniques often require additional or larger incisions than diagnostic arthroscopy portals (1/4 inch incisions). The procedures generally are more extensive than excision procedures. Further, the patient may need to stay in the hospital overnight after arthroscopic repair or reconstruction. Since more tissue is disrupted, more discomfort may occur and the temporary use of braces, casts, and/or crutches as well as rehabilitation may be needed.

Before doing arthroscopy, a complete evaluation is needed to have as accurate a diagnosis as possible. This may include a medical history, physical examination and special diagnostic tests and imaging studies. On the basis of these, arthroscopy may be indicated to confirm the diagnosis. In many cases, your surgeon will be able to correct the problem at the same time. Sometimes, a diagnostic arthroscopy is performed and other surgery (open or arthroscopic) is scheduled for later.

Arthroscopy is usually done as an outpatient surgery (go home the same day), but sometimes it requires hospitalization. Diagnostic and surgical arthroscopy may be performed under local anesthesia (numb just the joint), regional anesthesia (numb the limb being operated upon), spinal or epidural anesthesia (numb the lower extremities only) or general anesthesia (completely asleep) depending on the need of the patient, surgeon, and problem being treated.

You may be given pictures and/or a video of the arthroscopic operation if you ask your surgeon ahead of time.

Do not eat or drink anything for at least 8 hours before surgery. Food and drinks (including coffee) makes general anesthesia more hazardous.

NOTIFY OUR OFFICE IF

Any of the following occur after arthroscopy:

- You experience pain, numbness, or coldness in the extremity operated upon
- Blue, gray or dusky color appears in the fingers or toenails
- Increased pain, swelling, redness, drainage or bleeding in the surgical area despite rest, ice elevation and pain medications.
- Signs of infection including fever 101 or higher