

Will I require a follow-up appointment?

You will be sent an appointment to see the orthopaedic team in Outpatients a few weeks after your surgery.

Any complaints or comments?

If you have any complaints or comments please contact the Doctors or Nurses straight away. If this does not solve the problem please contact the Day Surgery Unit Manager on **01483 406732** or write to the Day Surgery Unit, The Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU2 7XX. Similarly if you have any other comments about the service provided we would also like to hear from you.

These notes will not cover everything. If you want to know more, please ask.

Reference source

www.nhs.uk/conditions/arthroscopy

Contact details

If you require further advice, please do not hesitate to contact the Day Surgery Unit.

Day Surgery Unit

Telephone: 01483 406783
Monday–Friday, 8am–6pm

Out of hours advice

Call 111 (formerly NHS Direct)
www.nhsdirect.nhs.uk

Surgical Short Stay Unit

Telephone: 01483 406828

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm
Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Arthroscopy of the shoulder, elbow or wrist



Day Surgery Unit Surgical Short Stay Unit

What is an Arthroscopy?

An arthroscopy is the investigation of a joint using a fibre-optic camera. Small cuts are made to allow the tiny camera and surgical instruments to be passed into the joint. The purposes of the operation are both diagnostic and therapeutic. These include:

- Debridement and washout – ragged areas of bone or cartilage are smoothed and the joint is rinsed with saline.
- Removal of loose body – the removal of a ‘broken off’ piece of bone, cartilage etc. from inside the joint.
- Ligament release – the partial release of the ligaments to each side of the joint, to allow the joint to move more freely.
- Repair of ligament and tendon.
- Meniscectomy (for shoulder and elbow) – the trimming of a tear in the cartilage inside the joint.

Potential risks and complications

Complications during and following this procedure are rare. They include:

- A build-up of blood within the joint, which can be painful and sometimes requires surgical drainage.
- Infection of the joint or wound sites.
- Excessive swelling or bleeding. Keeping the joint elevated will help to prevent this. If you are concerned, telephone the Day Surgery Unit or see your GP.

- Damage to the skin nerves over the joint can occur, leading to small areas of numbness.
- Damage to the structures in the joint including the cartilage, tendons and ligaments.

Are there any alternatives?

X-rays and MRI scans can be used to help identify problems in the joint. However, arthroscopy is the best way of identifying, and often treating, any underlying problems.

Physiotherapy treatment may be helpful in relieving symptoms but has variable long-term success. Alternatively a joint support may be worn to help relieve symptoms.

What will happen after my surgery?

Will the surgery hurt?

You will have local anaesthetic injected into the joint, which should help keep the area comfortable after the procedure. Before the local anaesthetic wears off (later the same day), you will need to take painkillers. You will be given pain killers to take home and it is advisable to take these at regular prescribed times over the next few days. The painkillers dispensed from the Unit carry a prescription charge, unless you are exempt.

Wound care

The wounds are usually sealed with steristrips (paper stitches) or dissolvable stitches and covered with plasters. In the case of elbow or wrist surgery, the joint is then covered with a thick bandage. The bandage can be removed 48 hours following surgery.

The wounds underneath must be kept covered, clean and dry until you have healed (approx. 5 days).

Some swelling of the joint is to be expected for a few days; this is temporary. Resting the arm up as much as possible will help keep the swelling to a minimum. You may be sent home with a sling to aid resting the arm.

If your wounds become red, swollen or very tender, or develop a discharge, please contact the Day Surgery Unit or your own GP for advice.

Activity

Unless otherwise instructed, you may gradually increase the use of your arm as comfort allows. You may also be encouraged to keep the joint moving as freely as possible to prevent stiffening.

Work

You are advised to take at least two days off work to allow you to recover from your anaesthetic. Depending upon the nature of the work that you do, you may need at least two weeks off. Please be advised by the nurses on the Unit.

The Unit can provide you with a doctor's certificate if required.

Driving

You must not drive for at least 24 hours after a general anaesthetic. You must be fully mobile and comfortable before driving again and able to perform an emergency stop. This may take 1–2 weeks.