CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Wrist Arthroscopy

At-a-glance recovery. Pooled from 47 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**12 months**	**12 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, though some patients may experience transient stiffness.	Significant improvement in pain and disability is typically observed within one year, with most patients achieving full functional recovery by this time.	Maximum improvement is generally noted within the first post-operative year, though moderate levels of pain and disability may persist in some patients.

Why this operation has been suggested

Wrist arthroscopy is a keyhole surgery where your surgeon uses small incisions and a tiny camera to look inside your wrist joint. This approach allows for accurate assessment of the joint surfaces and detection of soft-tissue injuries that might not show up on standard scans. Your surgeon may have recommended this procedure because you have persistent wrist pain that has not improved enough with non-operative options like rest, splinting, or medication. It is a safe procedure with minor and transient complications, serving as both a diagnostic tool and a way to treat multiple wrist conditions.

You may be a candidate if you have issues such as triangular fibrocartilage complex (TFCC) pathology, carpal instability, or need assistance with fracture reduction. Recent technical developments allow for advanced treatments of difficult wrist disorders. While participants in studies improved on average by approximately 50% at one year, most patients continue to have some pain and disability after one year. The main benefit your surgeon aims to deliver is significant pain relief and improved function, helping you manage moderate levels of pain and disability that often persist without intervention.

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Before the operation

Please fast for at least six hours before your surgery. Stop taking blood-thinning medicines only after your surgeon gives you specific instructions. Arrange for a friend or family member to drive you home. Bring a complete list of all current medications and wear comfortable, loose-fitting clothing. You may need X-rays, an MRI, or blood tests before the procedure. These checks help your surgeon see inside your joint clearly and ensure you are safe for anaesthesia. Your surgeon will perform wrist arthroscopy using two or three small incisions. A tiny camera allows them to view the joint internally. This keyhole approach minimizes tissue damage while allowing precise treatment of your wrist condition.

On the day

You will arrive at the hospital and check in with the nursing team. They will confirm your identity and prepare you for surgery. You will then meet your anaesthetist, who reviews your health history and answers any final questions you may have about the procedure. This operation is done under general anaesthetic. You will be fully asleep for the operation. Some patients may also have a regional nerve block for post-operative pain relief. The anaesthetist decides on the day based on your individual circumstances.

Once you are ready, you will be moved into the operating theatre. Your surgeon uses an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. This allows for precise treatment without large cuts. After the surgery is complete, you will wake up in the recovery area. Nurses will monitor your vital signs and manage your comfort as the anaesthetic wears off. You will stay here until you are stable and ready to go home or to your ward.

What the operation involves

Your surgeon performs this procedure using a keyhole approach. This means they make two or three small incisions, or cuts, on your wrist. Through these tiny openings, your surgeon inserts a small camera and specialized instruments into the joint. This allows them to see inside your wrist clearly without making a large cut.

To get a clear view, your surgeon uses traction to gently stretch the joint apart. This creates space inside the wrist so the camera and tools can move freely. Your surgeon then examines the inside surfaces of the bones and checks for any soft-tissue injuries. This method is very helpful for spotting problems that might be missed with other tests.

Depending on what your surgeon finds, they may treat several specific conditions. They can repair tears in the ligaments that hold your wrist bones together. They can also address instability in the joint where the wrist meets the forearm. If you have a fracture, your surgeon may use the camera to help line up the broken bone pieces accurately. In some cases, they may remove damaged tissue or smooth out rough surfaces inside the joint.

Your surgeon may also use a special tool to remove inflamed tissue if you have rheumatoid arthritis. This can help reduce pain and improve how your wrist moves. After the procedure is complete, your surgeon closes the small incisions. They will place a dressing over the cuts to keep them clean while they heal.

After the operation

This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. Your surgeon uses an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. You will wake in the recovery ward with a bandage and a splint. Keep your arm elevated to reduce swelling. You must have someone stay with you for the first 24 hours. Do not drive while in a splint. Patients typically return to driving within two to three weeks for this wrist procedure, once any post-op splint is off and they can hold the wheel comfortably. See Driving after upper-limb surgery for more details.

Recovery

You can expect some swelling and pain in the first few days. This is normal after keyhole surgery. Your surgeon will give you pain relief to help you stay comfortable. Keep your hand elevated above your heart when resting to reduce swelling.

You will wear a splint or cast to protect the joint. Do not remove it unless your surgeon tells you to. You cannot drive while wearing a splint. Most patients return to driving within two to three weeks, once the splint is off and they can hold the wheel comfortably. See Driving after upper-limb surgery for more details.

As swelling settles, you will start gentle exercises. Your physiotherapist will guide you through movements to restore flexibility. You will gradually begin using your hand for light tasks at home. Avoid heavy lifting or gripping until your surgeon clears you.

Recovery varies between individuals. Your timeline may differ; your surgeon and physio will guide you based on how your wrist heals.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Wrist arthroscopy is linked to minor and temporary issues. These are usually small and fade away on their own. You might notice slight swelling or a dull ache in your wrist after the procedure. This is normal as you heal. If the pain becomes severe or does not improve with rest, let your surgeon know.

Your surgeon knows the complex layout of nerves and blood vessels in your wrist well. This knowledge helps keep you safe during the operation. Because the surgery is done through small keyhole incisions using a tiny camera, the risk of major problems is lower than with large open cuts. However, there is a chance of hitting a nerve by accident. The most common nerve affected is the posterior interosseous nerve. This nerve runs along

the back of your forearm and hand. If it is irritated, you might feel tingling, numbness, or weakness in your hand or fingers. You might also notice a strange clicking or grinding sensation when you move your wrist. If you feel new numbness or weakness after surgery, call the clinic right away. Do not wait for your next appointment.

Some experts believe that the true number of complications might be higher than what has been reported in the past. This means you should stay alert to any changes in how your wrist feels or moves. While serious issues are rare, being aware of subtle signs helps your surgeon help you.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness or discharge from your wounds, or sudden severe pain. Go to emergency if you notice calf swelling or shortness of breath. Call immediately if you lose sensation in your hand or cannot move your limb. These signs need urgent assessment by your surgeon.

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COMPLICATIONS & CONSENT

Wrist Arthroscopy

Complication rates from published literature

Pooled from 47 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
graft rupture	**7%**	Specific to arthroscopic TFCC reconstruction; recurrence of instability or graft failure.
stiffness	**5.07%**	Transient wrist and finger stiffness is common; permanent stiffness is rare but reported.
tendon injury	**3.19%**	Includes ECU tendinitis, tendon rupture, and laceration; risk increases with thermal ablation or improper portal placement.
ganglion cyst	**1.24%**	Development of new ganglion cysts at portal sites, particularly the 3-4 portal.
nerve injury	**1.17%**	Most frequently reported as dorsal sensory branch of ulnar nerve injury or posterior interosseous nerve trauma; rate varies by study.
infection	**0.6%**	Superficial portal site infections are uncommon; deep infections are rare.
cartilage damage	**0.5%**	Iatrogenic injury to articular cartilage, often from improper instrument use or thermal ablation.
compartment syndrome	**Rare**	Fluid extravasation causing compartment syndrome; emergency fasciotomy required.
hematoma	**Rare**	Less frequent complication, often associated with fluid extravasation or bleeding.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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