



Procedure Information Sheet

Introduction

Arthroscopy is the use of a small fiber-optic tube called arthroscope, to visualize and examine the interior condition of a joint. Arthroscopy is commonly used in the knee, ankle and shoulder joints.

The Operation / Procedure

1. Surgeon will make a few small incision on patient's skin and inserts pen-sized instruments into the joints.
2. Together with the use of other devices, e.g. surgical knife, television camera etc.
3. The surgeon could examine, manipulate or repair the internal structure of the joint.

Before the Operation / Procedure

1. Body check e.g. blood test, x-ray, urinalysis, electrocardiogram etc. may be need.
2. Pre-operative bath
3. Stop eating and drinking at the prescribed time
4. Anesthetist may be consulted if necessary and decide the mode of anaesthesia such as general, regional or spinal anaesthesia
5. A written consent is required

After the Operation / Procedure

1. Diet can be resumed once the patient is fully conscious
2. You may experience some wound pain which could be relieved by analgesics
3. Ice therapy may help to relieve pain and control swelling
4. Initially, the operated site will be bulkily dressed and elevated to prevent swelling. Splint or brace may be made to protect the affected limb
5. The principle of wound care is to keep it clean and dry
6. Avoid excessive movement of the operated limb
7. If necessary, you will be referred to physiotherapist for muscle strengthening exercise and training

Risk and Complication

Rare, but may have infection, excessive swelling or bleeding

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Arthroscopy (3/2019)

Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____
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Patient's Signature: _____ Date: _____