

ARTHTROSCOPY - WHY?

Simply because it is the best mini invasive way to treat the interior of joints. It allows to reduce post surgical pain, shorten the stay in hospital, reduce the risk of complications and, most of all, it allows for accurate treatment of the joint thanks to the enlarged picture of it.

Thanks to arthroscopy we are able to reach very small and tight places in the joint, which otherwise would have to be treated by wide open cuts. The arthroscopic procedure is done by a few point cuts through which a microcamera and tools (2-4mm in diameter) are inserted. It's all bloodless. Thanks to the small cuts, the post surgical ailments are connected only with the treatment of the joints, not with wide access, separation and cutting tissues through which the focus of illness could be reached.

Thanks to arthroscopy and point cuts in various places, the joint can be treated from all angles at one time (either all elements of the pathology or few pathologies at the same time). The conservative open methods allow to work in one area only. At present the majority of joint surgeries and other procedures can be conducted by an experienced arthroscopy specialist. The risk of surgery complications is ca 0,003% (in open methods it's 3% on average).

I don't think I need to convince anyone that the joints are important. They give our bodies mobility. Thanks to them we can move and perform every action – from the most basic and least complicated to the most complex ones. We can't live, work or play without functional joints. Ailing joints mean disability and severe, nagging pain. This is why, if we think of our health and enjoying our lives, we must take care of our joints and treat them if they're ill.

Joint problems seem make up a significant proportion of minor injuries. The joints may be failing patients because of:

- obesity,
- sedentary lifestyle,
- stress, which leads to muscle stiffness,
- injuries, which can occur anytime and anywhere.

Most commonly injuries are sustained during sport activities: skiing, cycling, playing ball, jogging, even swimming or going down the stairs. The damaged joint is swelled and sore, its function is much limited or even stopped. Such injury can exclude us from professional and family life. If it's left untreated, it might lead to severe damage in the future. This is where arthroscopy can save you.

- [Knee arthroscopy](#)
- [Shoulder arthroscopy](#)
- [Hip arthroscopy](#)

- [Ankle arthroscopy](#)
- [Elbow arthroscopy](#)
- [Wrist arthroscopy](#)

Surgery indication

The following joints can be operated through arthroscopy: knee, shoulder, elbow, hip, ankle, wrist and small joints of hand and foot. Such a surgery is performed in sterile conditions of an operating room, in regional or general anaesthesia. Children are operated on only in general anaesthesia. Thus the patient feels no pain or discomfort during the surgery.

The surgery indications are as follows:

- joint injuries of various origin, including strain injuries,
- joint instability,
- intraarticular fractures,
- periarticular cysts,
- rheumatoid arthritis,
- degenerative changes,
- presence of a foreign body,
- joint tumors,
- any chronic pain ailments or joint swelling.

The procedure itself lasts from a few dozens of minutes up to 2-3 hours (eg. multiple ligament injuries).

Surgery course

Prior to arthroscopy, X-ray tests are performed. If necessary, MRI may also be done.

The patient is arranged lying down (prone position) or sitting (beach chair position) – depending on the operated joint. Like in any other type of procedure, the area around the joint is covered with sterile dressing and the skin is washed with a disinfectant. When possible, a tourniquet is placed above the treated joint to secure a bloodless operation field.

Arthroscopy consists in precise examination of the intraarticular structures with the means of a special equipment. A thin metal pipe with a microcamera is inserted into the joint. It goes inside through small cuts in the joint area. It's safe, as every joint has its own established surgical approaches. The light cable lights up the field of vision. The microcamera image is enlarged and projected on the screen. That's how a doctor is able to examine the intraarticular structures thoroughly.

To be more exact one needs to add that a pipe or pipes are inserted into the joint. Through the pipes gas (carbon dioxide, rarely used these days) or water solution (0,9% sodium chloride solution) is administered into the joint. When the joint is filled,

it's easy to examine its inner structures through the arthroscope.

During the procedure we examine the following intraarticular structures: articular cartilage, synovial membrane, ligaments, muscle tendons that go through the joint, menisci and other structures characteristic to the examined joint. This part of the procedure is called the diagnostic arthroscopy. Then we insert minaturized surgical tools and perform reparative procedures, eg. sewing or removal of partially injured meniscus, removal of hypertrophic synovium, ligament reconstruction and correction of instability or contraction. This method allows to avoid open surgeries and shortens the rehabilitation period. This is the so-called surgery or therapeutic arthroscopy. All arthroscopic procedures are therapeutic when patients are qualified properly. You need to bear in mind that although the cuts are small, intraarticular procedures are much alike conservative open surgeries. Sometimes a patient is administered non-weight bearing (when they need to use crutches for some time). Also, after an arthroscopic procedure, there might appear an intraarticular hematoma, effusion or inflammatory complications. Yet arthroscopic procedures reduce the risk of undesirable complications by 1000.

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