

Wrist Arthroscopy

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

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	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

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a careful history, examine your wrist, and arrange imaging where it is needed to work out what is causing your pain.

Wrist arthroscopy is an operation that uses a small camera inside the wrist joint to look closely at the joint surfaces and soft tissues. We usually suggest it when wrist pain has lasted more than 3 months, has not settled with non-operative care such as activity change, hand therapy, splinting or injections, and when scans and examination have not given a clear enough answer. It may also be recommended after a fracture or a ligament injury, to check the joint surfaces and soft tissues and to treat some problems in the same sitting. The operation can also help with stiffness, some types of arthritis, and long-standing ligament trouble. People who had the operation for persistent wrist pain improved on average by about 50% at one year, though most continued to have some pain and disability. The main aim is less pain, better movement and a steadier wrist, decided together with you.

Before the operation

Your surgeon will give you clear instructions before the day, and we cover the practical points here. You will need to stop eating and drinking from seven hours before your operation. We ask for seven hours rather than the usual six so your operation can be brought forward if the theatre list runs early. Bring a list of your current medications, and your surgeon will tell you if any need to be paused beforehand. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing. Imaging such as an X-ray, MRI or ultrasound helps plan the operation, and this is usually arranged at your appointment. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

On the day of your operation, you present to the hospital's surgical admissions unit. You are checked in there and prepared for theatre. You will then meet the anaesthetist, the doctor who looks after your anaesthetic and pain relief. 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.

You are then taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area. Nurses monitor you there while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Wrist arthroscopy is a keyhole operation. Your surgeon makes a few small cuts around the wrist, and a small camera goes through one of them so the inside of the joint can be seen on a screen. During the operation your arm is held steady and your fingers are gently suspended in soft finger traps, with a steady pull on the wrist that opens up the joint and creates room to work. Salt water flows through the joint to keep the view clear.

Once the camera is inside, your surgeon can look closely at the joint surfaces and the soft tissues, including the cartilage lining the bones and the ligaments that hold the small wrist bones together. What happens next depends on what is found. Loose pieces of cartilage or bone can be removed. Inflamed tissue lining the joint can be trimmed away. A cyst or a thickened band of tissue can be dealt with. Torn ligaments, including the triangular cartilage on the little-finger side of the wrist, can be trimmed or repaired. If a bone is broken, the pieces can be lined up precisely under the camera and held with screws or pins while they heal. If the wrist has become stiff after an injury or a previous operation, tight tissue can be released to free it up.

At the end, the small cuts are closed with stitches. A dressing goes over the wrist, and your hand is usually supported in a bandage or splint. The dressing stays on for about 10 days, and we will tell you how to care for the wounds in the meantime.

After the operation

You will wake up in the recovery area, where nurses watch you as the anaesthetic wears off. This is usually a day case, so you can expect to go home the same day, although occasionally patients stay overnight. Your wrist will be in a dressing, and your hand may be supported in a bandage or splint. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Pain relief is planned for you before you go home; take it as directed. If you had a nerve block, numbness and weakness in the first 24 hours are expected. Once it wears off, at about 24 hours, call the clinic if your fingers stay numb or you cannot move them. Ask someone to stay with you for the first 24 hours. Call the clinic the same day if you have a fever, spreading redness around the wound, fluid or pus leaking from it, or pain that keeps getting worse despite your pain medicines. Go to the emergency department if your fingers or hand turn pale, cold, white, blue or dark, as this can be a circulation problem. Keep your hand raised when resting to help swelling settle. Most people move around the house normally from the day of surgery; you do not need bed rest.

Recovery

For the first few days your wrist will be sore and swollen, and your fingers may feel stiff. Keeping your hand raised when resting helps the swelling settle. Take your pain relief as directed, and expect the discomfort to ease steadily as the days pass.

Most people move around the house normally from the day of surgery. You will need someone to handle heavy lifting and driving at first. Once any splint comes off and you can hold the wheel comfortably, you can drive again; our page on [driving after upper-limb surgery](#) explains this in more detail. The dressing stays on for about 10 days, and we will check the wounds when we see you.

Hand therapy is a big part of getting your wrist moving again. Your rehabilitation is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she will guide your exercises and make any splint you need along the way. Early on, the focus is gentle movement and controlling swelling. As the wrist settles, the exercises build up to gripping, lifting and using your hand for everyday tasks. Recovery follows a step-by-step pattern, and coordinated movement between the wrist and fingers keeps improving as the weeks go by.

How quickly you return to work, sport or the gym depends on what was found and repaired inside your wrist, and on your job and hobbies. Your timeline may differ from someone else's; we and your therapist will guide you at each stage.

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.

Infection is uncommon after this operation, but it matters when it happens. Call the clinic the same day if you have a fever, spreading redness around the wound, or fluid or pus leaking from it. Call the clinic the same day

too if pain keeps getting worse despite your pain medicines. In a severe infection deep in the wrist, further surgery is sometimes needed, and this is very rare.

The finger traps that hold your fingers during the operation can leave your finger joints sore afterwards, or bruise the soft tissue or small nerves in a finger. This settles on its own in most cases. Bring it up at your next review if a finger is still sore or feels odd.

Fluid used to fill the joint during the operation can occasionally leak into the tissues of the forearm. Watch for swelling in the forearm that builds up quickly, along with tightness and pain that keeps growing. Call the clinic straight away if you notice this.

Nerves near the wrist can be irritated or injured during the operation. You might notice numbness, tingling or a patch of skin that feels different once the nerve block has worn off, at about 24 hours. Numbness and weakness in the first 24 hours after a nerve block are expected. Call the clinic if numbness lasts beyond that, or if you cannot move your fingers or hand once the block has worn off. If you cannot reach the clinic, go to your nearest emergency department.

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

When to call us

Most people recover without problems, but it helps to know what to watch for. Call the clinic the same day if you have a fever, spreading redness around the wound, fluid or pus leaking from it, or pain that keeps getting worse despite your pain medicines. Call the clinic if your fingers stay numb or you cannot move them once the nerve block has worn off, at about 24 hours. Go to the emergency department if your calf swells or is painful, if you become short of breath or get chest pain, or if your fingers or hand turn pale, cold, white, blue or dark. These can be signs of a blood clot or a circulation problem. If you cannot reach the clinic, go to your nearest emergency department.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Wrist Ligament Injuries](#) page.

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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.

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