

Overview

Arthroscopy (keyhole surgery for joints)

— Overview

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An arthroscopy is a type of keyhole surgery used to diagnose and treat problems with joints.

It's most often used on the knees, ankles, shoulders, elbows, wrists and hips.

The equipment used during an arthroscopy is very small, so only small cuts in the skin are needed.

This means it has some advantages over traditional, 'open' surgery, including:

- less pain after the operation
- faster healing time
- lower risk of infection
- often go home the same day
- quicker return to normal activities

When an arthroscopy is used

An arthroscopy is used to assess joint damage. You may need an arthroscopy if you have persistent joint pain, swelling or stiffness. They're used when scans have not been able to identify the cause.

The procedure can also treat a range of joint problems and conditions, including:

- repairing damaged cartilage
- removing fragments of loose bone or cartilage
- draining away excess fluid
- treating arthritis, frozen shoulder, carpal tunnel syndrome or temporomandibular disorder (TMD)

Having an arthroscopy

Preparation for surgery

Before having an arthroscopy, you may get an appointment for a pre-admission clinic.

At your appointment, you'll have a health assessment to check you're ready for surgery.

The surgical team will explain the benefits and risks associated with an arthroscopy.

You'll also get information about:

- eating and drinking on the day of surgery
- whether to stop or start any medications
- how long recovery will take
- if you'll need to do rehabilitation exercises after surgery

The procedure

An arthroscopy is usually done under general anaesthetic. Sometimes a spinal or local anaesthetic is used instead. Your anaesthetist will explain which type of anaesthetic is best for you.

The skin over the affected joint is cleaned with antibacterial fluid. Then the surgeon will make a small cut in the skin next to the joint. This is so that they can insert an arthroscope. This is a thin, metal tube with a light and camera at one end.

The arthroscope sends images to a video screen or eyepiece. This allows the surgeon to see inside your joint.

Extra incisions are made to insert other tiny surgical instruments. Your surgeon can then remove unwanted tissue or repair any damaged areas. The joint is sometimes also filled with a sterile fluid to expand it and make it easier for the surgeon to view.

After the procedure

The arthroscope and any attachments are removed after the procedure. Excess fluid from the joint is also removed. The incisions are usually closed using special tape or stitches. Then they're covered with a sterile dressing.

An arthroscopy usually takes between 30 minutes and 2 hours. You'll either be able to go home on the same day as the surgery or the following morning.

You should not drive on the day of your surgery.

Risks of an arthroscopy

An arthroscopy is generally a safe procedure. But like all types of surgery, there are some risks.

It's normal to experience swelling, bruising, stiffness and discomfort after an arthroscopy. These will usually improve during the days and weeks following the procedure.

More serious problems are much less common, occurring in less than 1 in 100 cases. They include:

- a blood clot in one of the limbs known as deep vein thrombosis (DVT) - this can cause pain

and swelling

- infection inside the joint (septic arthritis) - can cause fever, pain and swelling in the joint
- bleeding inside the joint - which often causes severe pain and swelling
- damage to the nerves near the joint - which can cause temporary or permanent numbness and some loss of sensation

Speak to your surgeon about the risks before agreeing to have an arthroscopy.

Recovering from an arthroscopy

The time to recover from an arthroscopy depends on the procedure you had. It's often possible to return to work and light, physical activities within a few weeks. More demanding physical activities may not be possible for several months. For example, lifting and sports.

Your surgeon or care team will let you know how long it's likely to take to recover and what activities you can do.

Contact your GP or surgical team for advice if you think you may have developed a complication.

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