



**Procedure Information -
Arthroscopy**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

Arthroscopy is common use in the knee, ankle and shoulder joints. It is used to visualize the interior condition of the joint, by using a small fiber optic tube called arthroscopy.

Procedure

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

Risk and Complication

1. Rare, but may have infection, excessive swelling or bleeding.
2. Surgical instruments or implant may be broken off and retained at the surgical site during operation.

Before the Procedure

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood tests, X-ray, correct and optimizing existing illness e.g. diabetes, asthma.
3. Pre-operative bath and enema.
4. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.
5. Fast for 6-8 hours before the operation.
6. Anaesthetist may be consulted if necessary and decide the mode of anaesthesia such as general, regional or spinal anaesthesia.

After the 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 the wound care is keep it clean and dry.
6. Avoid excessive movement of the operated limb.
7. If necessary, you may be referred to physiotherapist for muscle strengthening exercise and training.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relatives Name

Signature

Relationship (If any)

Date