



Complications of arthroscopy

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ABSTRACT

Arthroscopy is a surgical procedure. Complications are rare, but they exist and require specific treatment. Knowledge, prevention and management of complications are part of the mastery of a surgical technique.

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Introduction

We called complication of arthroscopy. "Any phenomenon occurring during or in the aftermath of arthroscopy considered abnormal by the surgeon and the patient is a complication."

It has been performed more than 157,000 knee arthroscopies in France during the year 1999, what makes arthroscopie l'intervention most common in orthopedic surgery, and probably more frequent l'une all surgeries combined.

The rate of 0.56% on nearly 400,000 arthroscopic series of Small [1] in 1985 is often used as reference.

Knowledge, prevention and management of complications are part of the mastery of a surgical technique.

Infectious Complications

Infections after arthroscopy represent one of the most severe and most frequent complications.

In La Baule SFA Symposium 2001 Retrospective survey found a rate of 0.04% on nearly 313,000 arthroscopies and prospective study 0.86% of superficial and deep infections in 578 cases.

there is nothing in common between the superficial sepsis and deep infection. The first is quite common, a good prognosis, Careful monitoring is required:

Deep septic arthritis is a different gravity. It is the fear of the surgeon, and the prognosis depends on the quality of treatment:

Restitutio ad integrum is possible at the cost of washing and debridement by arthroscopic emergency, accompanied by antibiotics on parenteral identifies germ.

If in doubt, check the blood count (CBC), the speed sedimentation rate (ESR) and CRP (C-reactive protein) review patient the next day and follow him until the close of the doubt.

Complications Thromboembolic

Asymptomatic thrombus is quite common [2], it does not pose Problems. The risk of Thrombosis and pulmonary embolism is scarce; estimated at 0.26% [3].

Based on the study of literature and prospective and retrospective studies of symposium present at the Congress of the SFA in 2001, Bonnomet proposed to take into account the General factors (age greater than 50 years, Oral contraceptives, malignancy, history Thromboembolic, BMI [body mass index] supérieure à 30) and the specific risks (tourniquet maintained

beyond 30 min, response long and difficult). walking support complete without a cane, when possible, is recommended.

In the framework of the arthroscopic member Lower, we recommend prescribing a low molecular weight heparin (LMWH) for 7 days and / or until recovery normal ambulation, only when there is a general risk factor or individual.

Specific complications of shoulder arthroscopy

Postoperative stiffness with its close connections with l'algodystrophie, it is essential problem. The persistence of pain the following weeks I arthroscopy and loss of external rotation announce difficulties. Very sweet therapy, calcitonin injection and physiotherapy are often proposed, but their effectiveness is difficult assess. poor indication of acromioplasty have a bad result.

Radiofrequency probes

They are readily used in arthroscopic shoulder. they allow a good control I hemostasis and provide specific sections. It should be careful: it has been described in cases of insertion of the anterior deltoid during the section of the coracoacromial ligament or damage to the axillary nerve recess adjacent lower [4].

The neuropraxies related to traction

They are valued differently by authors [5,6]. However, they are rare and always seem to regress within up to 12 weeks.

Specific complications of knee arthroscopy :

Rapid chondrolysis is a rare complication and serious external meniscectomy. pathophysiology unknown: it probably represents acute form of chondrolysis chronic, moderate, frequently observed after lateral meniscectomy. This is an emergency diagnosis and treatment [7]. the protocol combines therapeutic joint lavage, infiltration corticosteroids and complete discharge of member to dryness knee.

Necrosis of the medial condyle is a point whose relations with meniscectomy are sensitive.

Work of Pope [8] we said that the necrosis is involved in 9.4% of pain internal compartment after 65 years. Finally, the meniscectomy laser has been implicated in the occurrence of some postoperative necrosis [9].

Algodystrophy knee is often referred to evolution considered imperfect. Pain, swelling, skin changes and are all known radiological signs that treatments must implement medical adapted.

Vascular complications

Are rare but Potentially very serious. They deserve attention: cases of amputation have been described.

The popliteal vascular pedicle is very close to the posterior capsule.

Two circumstances expose them at increased risk: meniscal suture and knives motorized.

Nerve complications are twofold:

Major damage popliteal sciatic nerves internal (SPI) and external (SPE) know the same etiology as vascular lesions which they may be associated. without forgetting Minor damage to the patellar branch of saphenous nerve internal

Side error

Side error is a devastating tragedy and fortunately rare. This complication is particularly as it exists despite prevention theoretical total. Repeated audits, colored preparation of the operative field ;markings in pen are good means of prevention. must fight against the prescription and implementation unexcused bilateral cliches.

In case of error, what to do?

- Do not tell stories

- Explain immediately that it was the wrong.

- If discovery intraoperatively, should continue

and then do "the good side"? Yes, surely, if it is an operation which bilaterality does not change radically suites (arthroscopic meniscectomy).

- If bilaterality exchange suites, we should abstain.

- Prevent the insurer.

Complications Equipment

Some incidents without damage to the patient, whether a failure of the video or bankruptcy of an instrument.

Others are more serious:

The instrument breaks in the joint and the extraction of a fragment broken.

Scalpel blades are broken elusive and must be properly oriented to well out.

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