

Arthroscopic Lavage of the Temporomandibular Joint (TMJ)

Patient Information Sheet

Procedure: Arthroscopic Lavage of the TMJ

Anaesthetic: General anaesthetic (you will be fully asleep)

Day case / Inpatient: Usually day case — you go home the same day

Estimated theatre time: 30–60 minutes

Recovery to normal activity: 1–2 weeks

1. About Your Temporomandibular Joint

The temporomandibular joint (TMJ) is the hinge joint that connects your lower jaw (mandible) to the base of your skull, just in front of each ear. You have one on each side of your face. The joint allows you to open and close your mouth, chew, speak and yawn.

Inside the joint, a small disc of cartilage sits between the bones to cushion movement and distribute load. When this disc becomes displaced, worn or inflamed — or when the lining of the joint becomes irritated — it can cause significant pain, clicking, locking and restricted jaw opening.

2. Why This Procedure Has Been Recommended

Your surgeon has recommended arthroscopic lavage because conservative treatments (such as physiotherapy, splints, anti-inflammatory medication or injections) have not adequately controlled your symptoms. This procedure is typically recommended for:

- Persistent TMJ pain that has not responded to non-surgical management
- Restricted jaw opening (trismus) affecting your quality of life
- Internal derangement of the TMJ disc with ongoing symptoms
- Inflammatory arthritis affecting the TMJ
- Joint adhesions (scar tissue) causing limited movement

3. What the Procedure Involves

Before the Operation

You will be asked not to eat or drink for at least six hours before your operation. On arrival you will be seen by your anaesthetist, who will review your health and discuss how you will be kept comfortable and safe. A nurse will prepare you for theatre and you will have the opportunity to ask any final questions.

In the Operating Theatre

Once you are fully asleep under general anaesthetic, your surgeon will:

- Clean the skin in front of your ear with an antiseptic solution.
- Make two very small puncture incisions (each approximately 2 mm) in the skin just in front of your ear to access the upper compartment of the TMJ.
- Insert a fine needle into the joint space to confirm correct placement using a small amount of saline fluid.
- Place a narrow telescope (arthroscope) through one puncture and a fine irrigation needle through the other. The arthroscope is connected to a camera and light source so the surgeon can see inside the joint on a monitor.
- Wash the joint thoroughly (lavage) with sterile saline fluid to remove inflammatory mediators, debris and adhesions. This is the central therapeutic step of the procedure.
- Inject a small amount of local anaesthetic and/or PRF or Ostenil into the joint at the end of the procedure to reduce post-operative discomfort and inflammation.
- Close the tiny puncture sites with small dressings or a single fine suture, which is usually dissolvable.

What does 'lavage' mean?

Lavage simply means washing out. The joint is flushed with a controlled volume of sterile saline to dilute and remove the chemicals that cause inflammation and pain, to break down fine adhesions, and to re-hydrate the joint tissues. No implants, screws or plates are used.

4. Anaesthetic

This procedure is carried out under general anaesthetic, meaning you will be completely asleep throughout. You will not be aware of anything during the operation. Your anaesthetist will discuss this with you beforehand and answer any questions. You will be given intravenous pain relief as part of your anaesthetic to help keep you comfortable when you wake.

5. Risks and Potential Complications

All surgical procedures carry some risk. Your surgeon has weighed these risks against the benefits for your individual situation. It is important that you read and understand the following before consenting to the procedure.

Common (occurring in more than 1 in 10 patients)

- Temporary soreness and swelling around the joint and in front of the ear
- Bruising of the skin near the puncture sites
- Temporary worsening of pain for a few days before improvement
- Stiffness or limited jaw opening for one to two weeks

Uncommon (occurring in 1 in 10 to 1 in 100 patients)

- Infection at the puncture sites or within the joint (treated with antibiotics)
- Injury to a small branch of the facial nerve, causing temporary weakness or numbness around the eye or cheek (this usually resolves within weeks to months)
- Temporary ringing in the ear (tinnitus) or fluid sensation
- Instrument breakage within the joint (very rare; fragments can usually be retrieved)
- Damage to the cartilage surfaces of the joint

Rare but Serious (less than 1 in 100 patients)

- Permanent facial nerve weakness (extremely rare with arthroscopic technique)
- Failure to improve symptoms, requiring further treatment or open surgery

- Vascular injury causing significant bleeding
- Adverse reaction to anaesthetic

Important

This list is not exhaustive. Your surgeon will discuss risks that are specifically relevant to you at your consent appointment. Please feel free to ask any questions — no question is too small.

6. Your Recovery After the Procedure

Immediately After Surgery (Recovery Room)

When you wake from the anaesthetic you will be in the recovery area with nursing staff nearby. You may feel drowsy, a little nauseous, or have a mild sore throat from the breathing tube. Ice packs are often placed against your jaw in the recovery room to reduce swelling. Once you are comfortable, eating soft foods and drinking normally, you will be transferred to the ward or discharge lounge.

Going Home

Most patients are discharged the same day. Before you go home, please ensure:

- A responsible adult is available to take you home by car or taxi — you must not drive.
- A responsible adult can stay with you for the first 24 hours.
- You have collected your take-home medications and understand how to take them.
- You have a written copy of your post-operative instructions and the contact number to use if you have concerns.

Pain Management

Some discomfort, aching and mild swelling are normal for the first few days. Your surgeon will prescribe or recommend suitable pain relief, which may include:

- Regular paracetamol (up to 1 g four times daily, unless advised otherwise)
- A non-steroidal anti-inflammatory (such as ibuprofen) if there are no contraindications
- A short course of a stronger analgesic if required

Take pain relief regularly rather than waiting until the pain is severe. Do not take ibuprofen or aspirin on an empty stomach.

Swelling and Bruising

Swelling is usually at its peak on day two or three and then gradually subsides. To help manage this:

- Apply an ice pack wrapped in a cloth to your jaw for 15–20 minutes every two to three hours on the day of surgery and the following day. Never apply ice directly to skin.
- Sleep with an extra pillow to keep your head slightly elevated for the first two to three nights.
- Alternatively rent a Hilotherm device www.hilotherm.co.uk

Jaw Exercises and Soft Diet

Gentle jaw exercises are an important part of your recovery. Your surgeon or physiotherapist will give you a specific exercise programme to follow. In general:

- Begin gentle opening and closing exercises from the day after surgery unless advised otherwise.
- Eat a soft diet for the first one to two weeks — examples include porridge, yoghurt, scrambled eggs, mashed potato, soup and soft fish. Avoid hard, chewy or crunchy foods such as bread crusts, nuts, raw carrots and tough meat.
- Avoid wide opening of the mouth (yawning, large bites) for the first two weeks.
- Gradually reintroduce your normal diet as comfort allows, usually after two weeks.

Wound Care

The puncture sites are very small and usually heal quickly. To care for them:

- Keep the puncture sites dry for 48 hours.
- After 48 hours you may shower as normal, but avoid soaking the area (no baths or swimming) until fully healed.
- If a small dressing was applied, it can be removed after 48 hours.
- Any dissolvable sutures will disappear on their own within one to two weeks. Do not pick at them.

Activity and Return to Work

Most patients can return to desk-based or light work within two to five days, depending on their level of discomfort. More physically demanding occupations may require one to two weeks off. You should:

- Avoid strenuous physical exercise for one week.
- Not drive until you are no longer taking strong pain relief and feel fully in control — this is usually 24–48 hours after surgery but follow the guidance of your anaesthetist and surgeon.
- Avoid contact sports for two weeks.
- Avoid alcohol for 24 hours after your anaesthetic.

7. When to Seek Urgent Help

Most people recover without any serious problems. However, please contact the hospital or your surgeon's rooms immediately if you experience any of the following:

- A high temperature (above 38°C / 100.4°F)
- Increasing redness, warmth or discharge from the puncture sites
- Severe or worsening swelling that is spreading
- Difficulty breathing or swallowing
- Significant bleeding that does not settle with gentle pressure
- Weakness, drooping or numbness affecting your face
- Any symptom that concerns you

Out-of-hours emergencies

If you cannot reach your surgeon's rooms and are concerned, please attend your nearest Emergency Department or call 999 for a life-threatening emergency.

8. Your Follow-Up Appointment

A follow-up appointment will be arranged for approximately two to four weeks after your procedure. At this appointment your surgeon will:

- Review your symptoms and assess your response to treatment
- Check wound healing
- Discuss physiotherapy or further jaw exercises
- Advise on any further treatment if required

Please bring a list of any questions you would like to discuss. If your symptoms are significantly improving, further follow-up may be at six to twelve weeks. Your surgeon will advise you of the schedule that is right for you.

Mr Nabeel Bhatti

Consultant Oral & Maxillofacial Surgeon
www.maxfaclondon.co.uk

PATIENT INFORMATION

9. Contact Information

If you have any questions about your procedure or recovery, please do not hesitate to get in touch.

Mr Nabeel Bhatti

Consultant Oral & Maxillofacial Surgeon
MaxFac London | www.maxfaclondon.com