

## **Oral and Maxillofacial Surgery - Temporomandibular Joint Arthroscopy**

### **Information for patients**

#### **Introduction**

This leaflet provides information for those advised to undergo Temporomandibular Joint (TMJ) arthroscopy by an Oral and Maxillofacial (OMF) surgeon. It explains what TMJ arthroscopy is, its necessity, the surgery day process, and post-surgery care.

For any questions or advice, please contact your surgeon in the OMF surgery department.

#### **What is a TMJ arthroscopy and why do I need it?**

Arthroscopy is inspection of a joint using a camera. This procedure is keyhole surgery for inspecting the inside of jaw joint using a camera. This enables the surgeon to see problems such as damage to the joint or loose material needing to be washed out. It is usually carried out while you are asleep under a general anaesthetic.

TMJ arthroscopy is used to diagnose or confirm a problem you might have with your joint. It may help to reduce the pain and improve function by washing the joint out. This is called Arthrocentesis.

#### **What happens during the surgery?**

The arthroscopy is usually done under General Anaesthetic. In most cases the procedure itself takes twenty to thirty minutes for each joint. This can be longer depending on the treatment needed. You would usually be in theatre and recovery unit for two to three hours in total.

A small puncture or cut is made in front of your ear which the camera will be inserted into. Another one or two needles will be put beside the camera entry point to act as an outlet for the water. Inspection of the joint takes place using the camera. Sometimes the jaw is manipulated to allow good view of cartilage and joint space. This can also help repositioning of the joint disc. A sterile plaster or a small stitch will be placed over the small cut to allow it to heal.

Different types of TMJ arthroscopy are possible, diagnostic, minimally invasive techniques and more advanced operative arthroscopy.

#### **What happens after the surgery?**

You would be given something to eat and drink once deemed suitable. Usually, you will be discharged home the same day. In some cases, you might need to stay in hospital overnight. After having a general anaesthetic, you will not be able to drive, work, operate heavy machinery or sign legal documents for 48 hours. You will also need someone to be with you for 24 hours after the anaesthetic.

It is better to maintain a soft diet for the first 5 days, progressing to normal diet and function by day 7 to exercise the joint. You can take over the counter pain relief, such as Paracetamol and/or Ibuprofen, as you need it. Mouth opening exercises may be recommended by your surgeon.

### **Are there any risks?**

Like other surgical procedures, there are some risks involved with arthroscopy including pain, swelling, bruising, bleeding and infection. You may experience numbness to your face because the nerve that supplies sensation to your face can be affected. There is a small risk to your facial nerve (nerve of facial expression) and the ear canal (altered hearing) as they are next to the joint. These are usually temporary and resolve without intervention. There is a very small chance of permanent change. Your jaw can be stiff making it difficult to open your mouth, which will subside after a few days.

### **What are the expected outcomes of the procedure?**

Success rates for jaw joint arthroscopic procedures vary depending on the type and extent of the intervention performed. Diagnostic arthroscopy, while not directly therapeutic, plays a crucial role in guiding subsequent treatments for joint pathologies.

Minimally invasive techniques like lysis and lavage can achieve a success rate of 70–90%, particularly in early stages, offering improved mouth opening, pain reduction and enhanced function.

Operative arthroscopy, including adhesiolysis, synovectomy, and disc manipulation, shows success rates between 60–85%, depending on disease chronicity and severity, making it valuable for advanced cases not yet requiring open surgery.

Several studies show durable improvements in pain and function over 5–10 years, although recurrence or progression may occur in some cases.

### **Useful websites**

British Association of Oral Maxillofacial Surgeons

[https://www.baoms.org.uk/patients/procedures/33/arthroscopy\\_of\\_the\\_jaw\\_joint](https://www.baoms.org.uk/patients/procedures/33/arthroscopy_of_the_jaw_joint)

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