



### **TMJ Arthroscopy Consent**

Arthroscopy is utilised for diagnosis and treatment of TMJ joint conditions, particularly articular disc pathology. It is not helpful for muscle dysfunction. If you have both disc and muscle dysfunction, you may require further Physiotherapy treatment after your surgery to treat your symptoms.

The procedure is performed under a General Anaesthetic. It is day surgery and does not usually require an overnight stay in hospital.

Local anaesthetic is infiltrated into the TMJ space. Dr Tan-Gore then performs a manual examination of your joint function, making note of the ease of movement and any noises during opening and closing of your mouth. She will measure your mouth opening.

A small incision is made and a camera is inserted into the joint space.

Initially, a diagnostic examination of the joint is performed. This involves an examination of the disc surface, the joint space and the bones that make up the articular surface of the TMJ.

Any treatment that is required can be made through this minimally-invasive approach, including trimming or smoothing. This may require a second entry point (port) to be placed.

The joint is then washed out with sterile solution (arthrocentesis). This removes any debris or inflammatory mediators which may be causing pain and damage to the TMJ. Medication is then placed in the TMJ space.

A small dressing will be placed over the entry points which heal without requiring sutures.

Dr Tan-Gore will review you in her clinic 1-2 weeks after your surgery.  
Most patients will require 1-2 weeks off work.

### **Risks of Procedure**

**Bleeding:** Simple bleeding is managed with pressure. Complex bleeding may require further intervention

**Infection:** Initially treated with oral or IV antibiotics. May require drainage if severe

**Scarring:** Any surgery requiring a cut will cause scarring. This may require massage to reduce

**Injury to surround structures:**

**Cranial Nerve VII Facial Nerve** - there is a low risk of temporary or permanent facial nerve injury. The facial nerve is responsible for the movement of the face. As there are no cuts made except for a small hole for the port, the risk is low. However, you may have some weakness in the movements of your face after surgery. Permanent nerve injury is rare

**Need for further surgery:** In 10-20% of patients, the procedure does not resolve symptoms, and may require further surgery



## **Post Operative Instructions**

### **Day 0-7:**

You may feel minimal pain because Dr Tan-Gore will have delivered anti-inflammatories and local anaesthetic into the area.

It is important to take the prescribed pain relief regularly even if you feel that the pain is bearable. This prevents breakthrough pain which may require more analgesia to control. It is important that you are comfortable during the initial stages of your recovery.

A soft diet (food that does not require chewing) is required during the initial phase of your recovery (14 days).

Dr Tan-Gore will prescribe you a course of Oral Antibiotics. This is to prevent infection and you should complete the course as prescribed.

Gentle exercise is encouraged but should not be high impact. For example, a gentle walk is encouraged but jogging causes impact with each footstrike and is discouraged.

### **Day 8-14:**

You may notice an initial improvement in your symptoms (pain and decreased mouth opening), but this may decrease again after day 3-5. This is because normal swelling and inflammation after a surgical intervention gets slightly worse before getting better. Taking the regular analgesia as prescribed will help with this.

Resting the TMJ is important at this stage of recovery. Consider limiting excessive talking.

### **Day 15-28**

You may start to feel better and some of your symptoms may improve.

Dr Tan-Gore may refer you to a Physiotherapist if there is ongoing muscle/ligament pain that requires treatment.

You should start to increase the consistency of your food gradually.

You can gradually return to your usual exercise schedule.

Most people require intermittent analgesia only.

If you have any questions, please email: [info@dreileentangore.com.au](mailto:info@dreileentangore.com.au) and Dr Tan-Gore will respond when she is able