

# Suggested Guidelines for the Practice of Arthroscopic Surgery

This statement was prepared by the Committee on Ethics and Standards and the Board of Directors of the Arthroscopy Association of North America.

## Privileges

The decision to grant and renew privileges in diagnostic arthroscopy and or arthroscopic surgery is typically made by individual hospitals with input from medical staff committees and appropriate department chairpersons, in accordance with individual hospital and medical staff bylaws, rules and regulations. In situations where arthroscopic surgical privileges are requested, a Board Certified orthopedic surgeon or equivalent specialist, with considerable experience in the field of arthroscopic surgery should be involved in the decision making process to grant these privileges.

## Training

*Diagnostic arthroscopy:* Medical practitioners who wish to use arthroscopy for diagnostic purposes only (including synovial biopsy), should have an appropriate period of training to learn pertinent anatomy, correct techniques, and to become competent in the recognition and management of complications.

*Operative arthroscopy:* Training for the practice of arthroscopic surgery should include the completion of an accredited orthopedic surgery residency, or equivalent surgical training, based on specific anatomical areas and surgical specialty. The arthroscopic surgeon should be fully trained in surgical principles and techniques to safely perform open procedures on that region of the body before learning or undertaking arthroscopic surgical procedures. Adequate training in arthroscopic surgery should be included during the post graduate training period.

## Practice

The arthroscopist should:

1. Perform an adequate history and physical examination as well as laboratory workup of the patient or determine that these have already been performed.
2. Explain the procedure to the patient, including its benefits, possible risks and complications.
3. Exercise due consideration in selecting the correct arthroscopic procedure for a particular condition and be prepared for additional or alternative procedures.
4. Prepare an operative report of the procedure that includes the indications for the operation, a description of the operation itself and a systematic reporting of findings in each anatomic area.

## Continuing education

The arthroscopist should maintain a high level of expertise in arthroscopy. In order to remain informed, the arthroscopist should update his or her knowledge by regular attendance at post graduate arthroscopic meetings and should continually review current arthroscopic literature.

## Performance review

The performance of the arthroscopist should be reviewed regularly. The numbers of procedures, indications, results and complications should be made available to appropriate medical staff committees of individual hospitals which are charged with granting, reviewing and renewing clinical privileges.