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**Patient Information:
Ankle Arthroscopy**

What is an ankle arthroscopy and how is it done?

Ankle arthroscopy is normally a day case procedure. The procedure is usually performed under general anaesthesia but may be carried out under spinal or epidural anaesthetic with sedation. You will have an opportunity to discuss these options with your anaesthetist and specialist before your operation.

Your surgeon makes two small incisions (cuts) to the front region of your ankle joint and a thin needle-like camera is inserted through one of the incisions. This allows your surgeon to view and assess the internal structures within your ankle joint through a T.V.

monitor, set up in theatre. Delicate surgical instruments can be inserted through the second incision, enabling your surgeon to carry out any additional surgical procedures within your joint.

Ankle arthroscopy is sometimes carried out to make a diagnosis and then any further treatment can be undertaken at a later date, if needed. In some cases X-rays are taken of your ankle while you are under the anaesthetic, to check how effective your ligaments are.

What are the risks of having an ankle arthroscopy?

Common but minor risks can include:

Pain – This can be worse in the first few days after surgery but responds to the prescribed painkillers. As time passes and your body starts to heal, this pain will reduce and you will only need simple painkillers (like anti-inflammatories or Paracetamol) until the pain settles completely.

Swelling – Operated ankles tend to swell and this can last for several months.

Infection – as with all invasive procedures there is the risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or smoke.

Scarring – any type of surgery will leave a scar, occasionally this will be painful and inflamed.

Blood or fluid leaking from the wound – This is common and usually stops after a day or so.

Bruising or discolouration – This is almost inevitable after surgery. However, if you get a lot of bleeding, a white toe or a black toe, let the team know.

Minor redness around the wound – as with all surgery there is the risk of infection and some minor redness of the wound can happen and the wound edges take longer to heal fully. You may need antibiotics to get this to settle. Risks are higher if you are diabetic, suffer from a rheumatoid condition or smoke.

Numbness – After surgery you are likely to have some minor numbness and tingling around the scar due to damage to small nerves.

Less common but more significant risks:

Deep Infection – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, a deep infection may happen and if the wound does not settle on antibiotics, you may need further operations.

Blood Clots – because you won't be able to move around as much after surgery, you can get blood clots in the veins (deep vein thrombosis or DVT) which can lead to pain and swelling of the calf or thigh. In very rare cases these blood clots can travel to your chest (pulmonary embolism) and can be fatal.

Your surgical team will probably discuss whether you should have thromboprophylaxis (drugs to reduce, but do not completely eliminate the risks of blood clots).

Thick (keloid) scar – Scars which grow excessively can occur in some people and cannot be predicted although you are at greater risk if you have previously keloid scar. Special dressings, injections into the scar or rarely surgery may become necessary to improve the appearance.

Persistent or recurrent symptoms – In some cases, you may continue to suffer pain and the foot may be deformed. You may need surgery or other measures.

Chronic pain – This is rare but a syndrome (such as chronic regional pain syndrome CRPS) can cause swelling, stiffness, pain and colour and temperature changes to the foot. Treatment includes medication and physiotherapy and it could take several months to improve. Doctors are still not sure exactly what causes this syndrome.

Damage to the blood vessels – If the blood supply to part of the foot is damaged, it could lead to an area of permanent damage which needs surgery, but this is rare.

Nerve injury – If a larger nerve supplying the foot becomes damaged or caught in scar tissue, it could lead to on-going pain, numbness and tingling. This damage often doesn't last and the sensation usually returns over a period of time. However, in some cases it can be long-lasting or permanent and need further surgery.

Amputation – In very rare cases, part of the foot or lower leg may need to be removed if there is severe infection or blood-vessel damage or uncontrolled pain.

Death – This also is extremely rare for foot and ankle surgery but can happen if you have other medical conditions such as heart problems.

What do I need to do before the operation?

In most cases, you will not need to stay in hospital overnight for a cheilectomy. It is a good idea to get things organised for when you get home.

Below is a list of things it might be a good idea to organise:

- Help with household tasks.
- Food cupboards stocked up.
- Help with shopping.
- Help with children, pets and relatives organised for your return home.
- Someone to bring you to and from the hospital.

What can I expect after the operation?

When you arrive back on the ward from theatre your leg will be in a bandage and a post op shoe. Your leg will be elevated to reduce swelling.

Your foot will be numb due to the local anaesthetic block. This will gradually wear off over 24 hours.

You will be able to take full weight on your foot immediately and will be encouraged to start moving the toe as soon as the wound has healed (approximately 12 days). Taking weight on your foot normally will help regain movement.

If you're feeling unsteady, a physiotherapist can give you crutches and show you how to negotiate stairs. You are still encouraged to move your toe as soon as possible.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff give you painkillers as needed. The Nursing staff ensure that you know what medications to take for pain when you get home.

Keeping your leg elevated helps to control the pain and minimise the risk of your incision becoming infected. You will need to keep your leg elevated most of the time for the first 2 weeks. This prevents your incision from leaking and becoming infected.

When can I return to work?

Your own circumstances will determine when you feel ready to go back to work. If you have an office-type job

and you can elevate your leg then you should be able to return to work sooner. If your job requires a lot of walking or is strenuous then you may need more time off work. You will need to get a sick certificate from the staff at the hospital before you go home, or from your GP.

When can I return to driving?

You must be free of pain and able to perform an emergency stop. This will also depend on which foot was operated on (right or left).

If you have had left sided surgery and drive an automatic car you may be able to drive 2–4 weeks following surgery.

Your insurance company must be notified regarding the type of operation that you have undergone to ensure that cover is valid.

What should I do if I have a problem?

If you experience severe pain, excessive swelling, inflammation or discharge please report it to your GP. If you cannot contact your GP you should contact A&E.

- Often procedures are undertaken to try to improve your pain, but this is sometimes unsuccessful and pain may continue and may even increase.
- Wound infection and delayed wound healing.
- Damage to the small nerves around the operated area can also occur, which may result in numbness and / or painful scarring
- Blood clot (deep vein thrombosis) is a rare complication caused by you having to be less mobile following your ankle surgery.

You can help to prevent this by elevating your foot when you sit (with your heel above your hip level) plus carrying out frequent ankle exercises and knee bending exercises to keep your circulation moving.

Are there any alternative treatments available?

As this surgical procedure is also usually carried out to aid diagnosis, there are currently no alternative procedures available to achieve an accurate diagnosis, although X-rays and MRI scans are helpful. If you choose not to proceed with surgery, your surgeon may recommend conservative treatments to help control your symptoms if appropriate, such as orthotics, steroid injection, pain relief etc

What will happen if I don't have any treatment?

If you choose not to receive treatment, it is likely that your condition and symptoms will progress further.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have

What will it be like afterwards?

There will be a bulky dressing round your ankle. You will be fitted with a post-operative sandal, and will be advised regarding the amount of weight you are able to put through your operated side. In most cases you will full weight bear with crutches. If surgery to the cartilage of your joint is required then you may need to non-weight bear with crutches (hop) for up to four weeks.

We try to discuss the findings of your operation with you before you go home, but if you have not recovered by the time the surgeon leaves the hospital, or if you are ready to go home before the surgeon is free, the ward staff will simply tell you any important message from the surgeon and the findings will be discussed in clinic. Please note that if you have had a general anaesthetic, you may not remember what is said to you and so it will all be repeated in clinic.

You can remove the dressing 3–4 days after the operation and start exercising your ankle, using both up-and-down and side-to-side movements (you will be given advice on this before leaving hospital).

The ankle will still be fairly swollen, bruised and stiff at this stage, so you should keep it up when not walking or exercising. If it gets very swollen, you can put some ice on it for 10–15 minutes.

You will be seen in the outpatient clinic 10–14 days after your operation. Your ankle will be examined. The stitches will be removed. The findings of your arthroscopy will be discussed with you, and any further treatment that is necessary will be arranged.

Physiotherapy is often prescribed at this stage, but many people do not need it and can exercise on their own.

Going Home

- Usually able to be discharged on the same day as your surgery.
- Your foot and ankle will be bandaged following your ankle arthroscopy. A physiotherapist will assess and advise you of the safest way to use your crutches, especially if you have stairs to manage at home.

How soon can I... Walk on the ankle?

In most cases you will full weight bear with crutches. If surgery to the cartilage of your joint is required then you may need to non-weight bear with crutches (hop) for up to four weeks. If otherwise we will inform you.

How soon can I... Go back to work?

If you are comfortable and your work is not too demanding, you could go back to work within a week.

However, if you have a heavy manual job, or have had extensive surgery within the ankle, you may not be able to go back for a month.

Please note, if you have had an arthroscopy of your knee before, that the recovery from an ankle arthroscopy takes about half as long again as a knee procedure.

How soon can I... Drive?

If you have an automatic car, your left ankle has been operated and is comfortable, you could drive within a couple of days of the operation. Otherwise you can drive about 1–2 weeks after surgery, depending mainly on your comfort.

How soon can I... Play sport?

Unless advised otherwise. As you recover from your operation, you can gradually increase your activity, determined by comfort and the amount of swelling and flexibility in the ankle. Start with walking and cycling, then light running.

Make sure your foot and ankle are fairly flexible before moving to twisting or impact activities, and make sure you can turn and jump comfortably before returning to contact sports.

Your return to sport will also depend on the damage to your ankle which caused you to have surgery in the first place, and on any other necessary treatment. As this operation tends to be done for problems following an injury, this is an important factor in recovery for many people.

All other things being equal, most people will get back to their previous level of activity in 2–3 months.

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