

Ankle arthroscopy

A patient's guide



What is an ankle arthroscopy?

An ankle arthroscopy is a key hole operation to diagnose and treat ankle conditions.

The ankle joint is located between the leg and the foot. The main job of the ankle joint is to allow up and down movement of the foot and it is important in every day mobility and function. This operation may be performed if you have a stiff, painful or unstable ankle. It can be used to diagnose the cause of your ankle problems or to repair any damage inside the joint. There are a variety of medical conditions that affect the ankle joint and may require an ankle arthroscopy. Some of the more common reasons include:

- Impingement pain – inflamed soft tissue (synovitis), which may be due to injury or arthritis, can become trapped in the joint and cause pain on moving the ankle up and down.
- Ankle arthritis - wear and tear of the cartilage may cause ankle pain. This may require shaving of the worn out parts of the ankle joint, and in severe cases may require fusion surgery
- Loose bodies within the ankle – Sometimes loose bits of cartilage may detach and cause mechanical pain and stiffness in the ankle joint.
- Osteochondral defects– focal areas of the ankle may have damage to the cartilage surface, which can be painful
- Undiagnosed ankle pain & ankle instability – arthroscopy is very useful in diagnoses of a painful ankle joint and allows the surgeon to assess the cartilage surfaces as well as the ligaments and tissues surrounding the joint.

What are the treatment options?

The reason for your arthroscopic procedure is dependent on your medical condition. Surgery is not always essential, and many non-operative methods can be tried first before resorting to surgery.

These include physiotherapy, painkillers, braces, activity modification and avoidance. Other less invasive methods such as injections into the joint may give significant pain relief and functional improvement.

What are the benefits of surgery?

In general, the main aim of the surgery is to decrease your pain and improve your function. **The surgery is generally successful in over 80% of cases. Recovery can be quite lengthy and does require a significant amount of time for rehabilitation and exercises.**

Summary of surgery.

The surgery is usually performed as a day case procedure. It is usually performed under a general anaesthetic. Local anaesthetic is often given at the end of the procedure to help with pain relief. Small cuts are made at the ankle and a camera and instruments are inserted into the ankle joint. The surgical procedure will depend upon the specific condition you have and your surgeon will give more details on what they will be doing.

After your surgery

Your foot and ankle will be in a bulky bandage and you will be provided with a Velcro post-surgical shoe. You should keep your foot elevated on a chair/pillow (such that your foot is higher than your hip) as often as possible for the first few days and take regular painkillers rather than waiting for your ankle to hurt.

Advice after surgery

The foot should be strictly elevated for the first 2 weeks to avoid excessive swelling which could compromise the wound. Aim to keep the foot elevated for 55 minutes of every hour.

The dressings should not be disturbed unless there is a concern with the wound. At around 2 weeks after surgery, you will return to the clinic to have the bandages and stitches removed. After this the wound can be dressed with a simple light dressing.

You may shower after the stitches have been removed and the wound is fully healed. Keep the wound and surrounding area dry and clean.

You are allowed to bear weight in the post op shoe. You may need crutches. The physiotherapist will show you how to use them. You will need to wear the shoe for 3-4 weeks. After this time, you can wear flat soled shoes. In some cases a plaster may have to be used. If this is the case the surgeon will discuss this with you.

It may take several weeks before you can drive. Please check with your insurer.

Going back to work depends on the activity undertaken at work and should be discussed with your surgeon.

Most people go back to recreational walking and light activities approximately 4-6 weeks after surgery. It may take several months before swelling subsides. This is a normal recovery. Often a full recovery takes much longer than one would expect – in some cases up to a year. If you are slower than these times do not panic, they are only averages, but let your surgeon know when you attend clinic.

What are the risks with surgery?

The general risks with surgery include

- Bleeding – rarely may there be bleeding which results in a collection of blood under the wound. Bruising is common after this procedure
- Swelling – common after surgery and can take many months to eventually settle down. Elevation is key to reducing this.
- Stiffness – exercises are important to reduce the stiffness in the ankle after surgery.
- Infection – the risk is 1-2%. Superficial infections can be treated with antibiotics. Deeper infections (which are much rarer) may require further surgery.
- Clots in leg/lung – your risk of clots will be assessed prior to surgery and appropriate treatment/advice will be given.

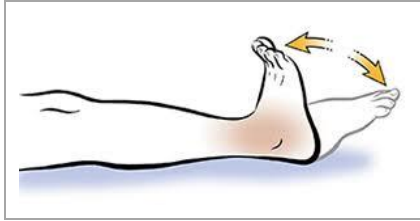
The specific risks to this surgery include

- Persistent pain and stiffness - Over 80% of patients will find their level of pain has improved. However, a few patients find that their pain continues and may get worse over time. The ankle may remain stiff. This may require further treatment
- Chronic regional pain – This is a cause of excessive pain after surgery and is a very rare complication.
- Further surgery – There are some conditions which may recur or worsen over time despite treatment. This is possible in cases of arthritis and cartilage defects. This may require further surgery in the future.

Exercises after surgery

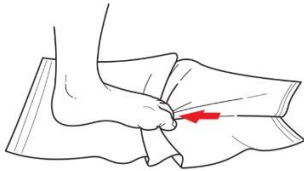
It is important to do exercises to maintain movement in the toes and to reduce stiffness.

Immediately after surgery



Move the ankle up and down as much as you can to keep the ankle joint mobile and supple

2-3 weeks after surgery



Try to pick up a tissue off the floor using your toes. You may not be able to pick up the tissue but the action helps move the toes and strengthen the muscles.

If I have any questions or concerns?

These guidelines are to help you understand your operation. This level of detail may cause concern, anxiety, or uncertainty. Please let your doctor or nurse know so that we may address these issues.

We aim to see you back in the clinic at regular intervals to monitor your progress and answer any questions you may have during your recovery.

If there is concern regarding the wound, such as increased redness, pus, discharge, or pain, then seek medical attention either at your GP or nearest Emergency department.

Above all else, please do not proceed with surgery unless you are satisfied and understand all you want to know about the operation.

Further information

There are a number of places that you can look at for further information. These days commonest and easiest way is to look in the internet. You can also ask your surgeon or General Practitioner. Below are a few web sites that you may find useful.

<https://www.bofas.org.uk/patient/patient-information>