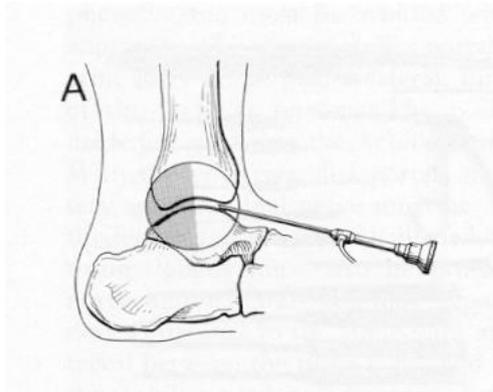


Patient Information

Ankle Arthroscopy



Orthopaedic and Fracture Clinics

What is it?

Arthroscopy is an operation on a joint which is done by a "keyhole" technique. An instrument which contains a video camera is inserted into the joint to allow examination of the inside. By using specially designed probes and instruments, the surgeon can also do some treatments to the inside of the joint.

Why would it be done?

Arthroscopy of the ankle is usually done after an injury which is failing to settle and where there is evidence of damage to the ligaments or surfaces of the ankle (articular cartilage), or inflammation of the lining (synovitis). It is also a good way to remove loose fragments from the inside of the ankle. Sometimes it is done to assess the severity or extent of arthritis, or to treat arthritis by fusing the joint.

What does it involve?

The ankle is first examined carefully with the leg relaxed. Special X-rays may be taken. Traction is applied to the ankle. This is done with a special strap around the foot and leg.



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Fluid is injected into the ankle. Cuts are then made at the front of the ankle, one at each side. Occasionally another cut is required at the back of the ankle. Each cut is about 1cm long. Through these cuts, a camera and instruments are inserted into the ankle. The whole of the inside of the ankle is examined and any necessary treatment carried out. The ankle is then washed out and the cuts sealed with adhesive tapes or suture.

Can it be done as a day case operation?

If you are medically fit, have someone who can collect you and look after you after the operation, and you are comfortable afterwards, the operation will be done on a day case basis. If you cannot be collected and looked after you must stay overnight.

Will I have to go to sleep (general anaesthetic)?

The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the back or leg can be done to make the foot numb while you remain awake. Local anaesthetic injections do not always work and in that case you may have to go to sleep if the operation is to be done. Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be injected into your ankle while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

What will it be like afterwards?

There will be a bulky dressing round your ankle. When you have recovered from your anaesthetic, you can get up, usually putting weight on your foot. Occasionally, you may be advised to keep the weight off the foot for four to six weeks after the operation if you have had a specific type of procedure.

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 crepe bandage and wool padding three to four days after the operation, but leave the adhesive dressings, and start exercising your ankle, using both up-and-down and side-to-side movements. The ankle will be fairly swollen, bruised and stiff for 10 days and you should rest most of the time. If it gets very swollen, you can put ice, wrapped in a towel on it for 10-15 minutes. You will need to



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see the nurse at your local G.P. surgery approximately 10 days after the arthroscopy to have the adhesive dressings and tapes removed and to check the wounds have healed. If everything has settling you can gradually increase your walking. You will be seen in the outpatient clinic six to eight weeks after your operation. The findings of your arthroscopy will be discussed with you, and any further treatment that is necessary will be arranged. Physiotherapy is sometimes prescribed at this stage, but many people do not need it and can exercise on their own. If no further treatment is required and your ankle is healing well, you may be discharged from further follow-up at this appointment, or a further check-up may be arranged.

Will I have a plaster on afterwards?

No plaster is required. We want you to start exercising your ankle as soon as possible.

How soon can I

Walk on the ankle?

Unless you have been given specific instructions to keep your weight off the ankle, you can walk on the ankle immediately you have recovered from your anaesthetic. It may be quite sore for a few days and some people need crutches to take some of the weight off their ankle. Almost everyone can put full weight on the ankle within a week.

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.

Drive?

If you have an automatic car and are comfortable, you could drive within a couple of days of the operation. Otherwise you can drive about one to two weeks after surgery, depending mainly on your comfort. You should not fly for six weeks after surgery because of the risk of developing deep vein thrombosis.

Play sport?

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.



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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 two to three months.

What can go wrong?

The commonest problem after an ankle arthroscopy is numbness over the top of the foot or outer toes. This is because the cuts are made close to the nerves to these areas, and the nerves have to be pushed aside to get access to the joint. Although this is done very carefully with an instrument, sometimes this stretches the nerves and they stop working. Usually this numbness recovers within two months, but a few people have small areas of permanent numbness.

The cuts usually heal up quite quickly, but a few discharge some fluid and take two to three weeks to heal. Usually dressing the wounds carefully is all that is required to get them to heal; sometimes antibiotics are needed too.

All keyhole surgical techniques involve delicate work with fine instruments very close to the surface of the joint. Occasionally some damage is done to the surface of the joint, although this is rarely any trouble to the patient. Very rarely an instrument breaks in the joint. Usually it can be retrieved through the "keyhole" incisions, but sometimes the joint has to be fully opened up.

Developing a deep vein thrombosis (clots in the veins of the leg) is very uncommon after keyhole surgery but you will be assessed for your individual risk to see if you should have blood thinning injections until you are fully mobile.

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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