

PATIENT INFORMATION

Ankle Arthroscopy

What is an ankle arthroscopy?

Ankle arthroscopy is also known as keyhole surgery or minimally invasive ankle surgery. Ankle arthroscopy involves using very small incisions to gain access with a camera into the ankle joint. Each incision is about 1cm and usually two incisions are required.

Common disorders in which ankle arthroscopy is useful

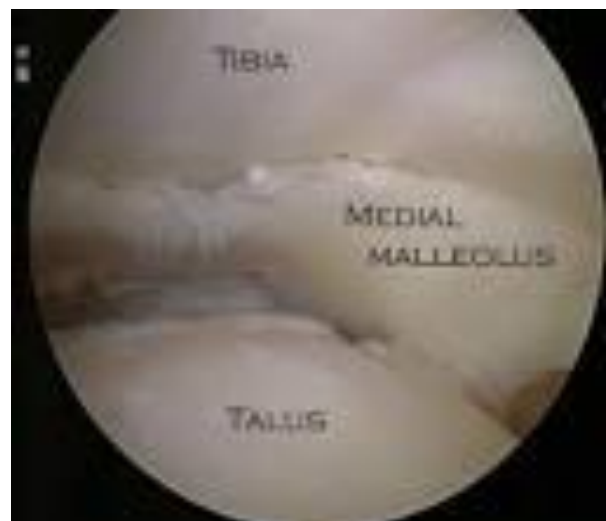
- Ankle arthritis
- Footballer's ankle (Anterior Ankle impingement)
- Unstable ankle
- Lateral ligament reconstruction
- Ankle pain following fracture
- Loose bodies within the ankle
- Osteochondral defects of the talus
- Diseases of the soft tissue (synovium)
- Undiagnosed ankle pain

The Technique

Ankle arthroscopy is performed under a general anaesthetic either as a day-case or with an overnight stay. We will advise you as to which is more appropriate to you.



Figure 1
Arthroscopy of the ankle



View from within the ankle joint

During the surgery an arthroscope (A small telescope approximately three to four millimeters in diameter) is inserted into the ankle through two or three small puncture wounds. This allows the surgeon to see and operate inside the joint. Soft tissue, bone and cartilage injury can then be assessed and treated.

After the operation

Following an ankle arthroscopy you will have either steristrips or a stitch holding the wound closed, and three layers of covering. Closest to the wounds are two small adhesive coverings and these should be kept on for two weeks. Overlying this is a layer of gauze and sterile wool and overlying this is a crepe bandage. The dressings should be left intact for the first week. The wounds themselves should be kept dry for two weeks. At one week following the surgery you may remove the outer crepe bandage and the underlying wool and gauze. The adhesive dressings over the two arthroscopic portals should be left intact. If these should become loose or dislodged, replace them (without touching the wound) with a good sized adhesive plaster. These can be replaced as often as required, it is important that the wound itself is kept untouched and dry.

Hospital

You will not harm your ankle by gently moving it within the confines of the bandage. It is important to start moving your ankle as soon as possible as the muscles can become weak and your ankle stiff. Before going home you will be seen by a physiotherapist who will explain exercise therapy, weight bearing status and check that you are mobilizing safely. The exercises are designed to help you regain full range of movement and muscle strength in your ankle. The exercises should be performed two to three times daily. You may, subject to the type of operation, be allowed to take your full weight through your leg as comfort allows, and you should try to walk as normally as possible. In some circumstances you will not be allowed to fully weight bear on the affected leg, and you will require crutches for a while.

If you have stitches ensure that you have an appointment to have them removed at about 2 weeks.

Length of stay

Once fully awake, comfortable and mobile you will be discharged. It would be sensible for a responsible adult to pick you up from hospital and accompany you overnight. Your ankle may ache and swell after arthroscopy and you will probably need to take some painkillers such as paracetamol, or ibuprofen for the first few days. Wearing a tubigrip bandage and applying ice packs will help to reduce any swelling. Ice packs can be applied twice a day for ten minutes. (Protect the skin with a damp towel and use a bag of

frozen peas or equivalent). When you are resting you should keep your leg elevated, on a stool or chair, to help keep the swelling down. It will take at least three weeks to recover to your pre-operative state if a soft tissue procedure has been performed and twice this time if bone or cartilage has been removed.

Follow up

If you have stitches you will be seen in the Outpatients Clinic to have them removed at two weeks post-operatively. The specific advice from here on depends somewhat upon the problem which has been treated. In most cases it will be to return to unrestricted activities from here. You may now drive and get your wounds wet.

Work

Return to work when your ankle feels comfortable and you are confident your ankle will be able to stand the stresses of your job. If you have an office-type job you may be able to return to work within seven days; if your job is strenuous and involves a lot of walking then you will probably need two to three weeks off work, sometimes longer depending upon the extent of surgery. Your surgical team will advise you accordingly.

Driving

Driving is usually possible after seven days when your ankle is feeling comfortable. Make sure you can operate the pedals without pain. Check that you could perform an emergency stop safely.

Sport

Strenuous physical activity and sport can be resumed when your ankle is feeling strong, comfortable and no longer swollen, usually four to six weeks, but this depends on the type of surgery carried out. Gradually increase your level of activity and before returning to competitive sport such as football, squash or rugby. Make sure you can hop and sprint with changes of direction and make sudden stops and starts - all without pain. If unsure discuss with your surgical team.

Complications of ankle arthroscopy

The vast majority of patients following ankle arthroscopy suffer no complications.

Parasthesia - 4%

This is numbness, affecting the skin and occurs as a result of injury (bruising or division) of branches of, or the actual, cutaneous nerves. It occurs because the safe 'corridors' allowing access into the ankle, away from the vital structures, lie close to these nerves.

Superficial Wound Infection - 1%

You may receive pre-operative antibiotics which minimize the risk of this complication.

Deep (Joint) Infection - 0.2%

You may receive pre-operative antibiotics and the operation is carried out in a laminar flow theatre (the same degree of sterility as is used for open joint replacement) which will minimise the chances of complication.

Haemarthrosis - 1%

This complication is bleeding into the joint after the operation. Small amounts of bleeding are not uncommon and generally will go unnoticed. However, if a large amount of bleeding is present this will lead to painful swelling which may require surgical drainage. This generally requires washing the ankle out at the end of arthroscopy. The chance of this complication is reduced by a compressive bandage after the operation and leaving it on for a week following the operation.

Deep Vein Thrombosis - 0.5-1%

The chance of this complication is small following an ankle arthroscopy. If you are likely to be immobile for any length of time following the operation you may also be given a course of short injections following the operation to reduce the chance of this.

Possible complications.

The success rate of surgery depends on the disease that is requiring the operation. It varies from 60 to 95%. There is a small (about one in 600) risk of serious infection, this can involve and damage the ankle joint. A small number of people will get some numbness or tingling on the top of the foot as a consequence of damage to small nerves in the skin. Usually this is temporary, but sometimes it can give rise to a permanent numb or sensitised area. Occasionally surgery is required to remove a damaged nerve (neuroma).

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

Who can I call for help or advice?

Orthopaedic Practitioner Advice Helpline	01284713924
Pre-Admission Clinic	01284 712810
Physiotherapy Department	01284 713300
Occupational Therapy Department	01284 713560
Community Equipment Stores (OT)	01284 748826

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>