

A Patient information guide to

Ankle Arthroscopy



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• What does surgery involve?

An ankle arthroscopy is a keyhole operation to gain access to the inside of your ankle joint and to treat the abnormality or injury that is causing your symptoms. The procedure is normally done through 2 or three small incisions (5-10mm) in front of your ankle. In the photo on the left hand side below these incisions are marked on the skin. This is also known as 'anterior ankle arthroscopy'.



Less commonly you may need access to the back of your ankle and therefore the arthroscopy may need to be performed through the back of the ankle where 2 small incisions are placed either side of your achilles tendon, (see photo on the right) this is known as a 'posterior ankle arthroscopy'.

In both procedures one of the incisions is used to introduce a small camera (3-5mm in diameter) to gain vision whilst the other incision(s) are used to introduce the instruments needed to perform the procedure.

Depending on the pathology, various treatments can be performed. Soft tissue scaring, inflammation, bony spurs or loose bodies can be removed and 'shaved' away with small motorised shavers or burrs. Cartilage defects can also be treated by making holes in the exposed bone to encourage a special 'scar' cartilage growth. This technique is referred to as 'microfracture'.

The exact procedure is often planned and discussed with you prior to surgery by your surgeon after careful assessment of your symptoms and your MRI scans is made.

• What are the risks of surgery?

As with any surgery, an ankle arthroscopy can have risks. Fortunately these occur rarely in this type of surgery but are important for you to be aware of. Your surgeon will discuss these further with you during the consent process. Below we have listed some of the complications associated with this type of surgery.

Nerve Injury or Numbness

Sensory nerves around the ankle and in particular the superficial peroneal nerve (SPN) can occasionally be bruised or damaged during an ankle arthroscopy. This can give you an area of numbness on the back of the foot. In most instances this resolves over a few weeks however on occasions it may be permanent. We take great care in identifying and marking the nerves during surgery and the rates of nerve injury is thus very low in our practice.

Infection

Wound or deep ankle joint infection is uncommon after ankle arthroscopy and occurs in less than 1-2 in 1000. The risks can be higher in those with diabetes or in smokers. If infection occurs you may need further surgery to clear out the joint and may require prolonged intra-venous antibiotics. If you feel unwell, have a fever, there is oozing from the surgical incisions; or your leg feels hot and is red; then you need to seek medical attention as soon as possible.

Blood vessel injury or Haematoma formation

Blood can collect within the ankle joint or in the cavity in front of the ankle and this in rare occasions may need further surgery to remove. One of the main blood vessels to the foot is also very close to the operation site. A theoretical risk of injury to this vessel exists but rates of injury are extremely rare.

Thrombosis

A clot in the calf veins, 'deep vein thrombosis or DVT' may rarely occur after an ankle arthroscopy. Occasionally the clot can break off and travel to the lungs (Pulmonary embolism).

The risk of thrombosis varies from person to person. We assess your individual thrombosis risk pre-surgery and will provide you with blood thinning injections if your individual risk is thought to be high. Due to the very rare occurrence of DVT in those with a low individual risk, these medications are not routine for this procedure. We thus avoid their routine prescription, as they themselves have serious risks and side effects.

• What happens on the day of surgery?

The surgery is performed as a day surgical procedure and you are often able to go home on the same day. Occasionally if the procedure takes place late in the afternoon or early evening then it may be advisable for you to stay for one night.

We perform the Ankle arthroscopy under a general anaesthetic and you will meet and discuss your anaesthetic needs or concerns with our anaesthetist prior to surgery.

The surgery can take between 20-45 mins depending on the complexity. At the end of the procedure your surgeon will infiltrate local anaesthetic around the ankle. This will make the incisions numb and help with post surgery pain. This lasts a few hours after the operation. The incisions are closed with one or two stitches. You are likely to 'wake up' with needles in your arm for the anaesthetic agents (cannula) and a big bandage around the ankle.

The surgery is done using a tourniquet around the thigh. This is to prevent blood getting into the operative field. This does mean that occasionally your thigh might feel bruised and a little sore after the surgery. This is normal and usually settles in a day or two.

• What happens after the surgery?

You will be transferred back to the ward where you will be seen by one of our physiotherapists. You will be shown how to use crutches and will usually be allowed to fully weight bear on the operated ankle. If you have had a 'microfracture procedure' then your weight bearing may be restricted for a few weeks. Specific instructions will be given to you in these instances.

Once you are safely moving around and your pain is controlled you are discharged home. It is a good idea to have a friend or relative with you as an escort and to help during the first night at home. The pain is usually controlled because of the local anaesthetic in your ankle. Do take painkillers before this wears off to pre-empt the pain.

Weeks 0-2

Take it easy - It is best to avoid too many work or social activities and have time to rest and elevate the foot. You can use ice packs to control the pain and swelling.

The bandaging should be left undisturbed for the first 48 hours. You can then reduce this down to the sticky plaster dressing (mepore or opsite dressings) that is on your ankle incisions.

The wound should be kept dry for the first 2 weeks. You can however take a shower from day 2 as long as the incisions are covered with a waterproof dressing. It is best to avoid baths in this time.

It is a good idea to do gentle exercises of the toes and the ankle. You can use a towel or a scarf to pull your foot up and stretch the heel cord.

You will be reviewed by your surgeon at around 2 weeks to check the wound and remove any stitches.

Weeks 2-6

You will be able to walk unaided and resume most day to day tasks. Physiotherapy and ankle exercises should commence at this stage. We will review you at the 6 week mark to ensure there is satisfactory progress.

If you have had 'microfracture' then you may continue to use crutches at the stage and limit weight bearing on your operated leg.

Months 2-6

Swelling, especially with use and the end of the day may continue during this time. You can now resume most of your usual activity. We recommend that high impact activity such as jogging should be introduced slowly and in increments of no more than 10-15% per week.

When can I start my routine?

Work

This depends on the type of work you do and the complexity of your ankle arthroscopy. As a general rule however, sedentary and desk based jobs can commence within 3-7 days. If your work is more physical or requires prolonged walking or standing then it is best to delay for 2 or 3 weeks.

Driving

This depends on how painful and swollen the ankle is. You should feel safe and in control of the car before you consider driving. As a general rule we always say that you must be able to perform an emergency stop without undue pain in your ankle.

The Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car. Motor insurance companies vary in their policies, It is best to discuss your circumstances with your insurance company. If you drive an automatic car and the surgery is in your left ankle then you can start driving as soon as a few days after the ankle arthroscopy. If not then driving should not be contemplated for the first 2 weeks.

Shower or Bath

We recommend no baths (this applies to hot tubs or swimming pools too) for the first 4 weeks. A shower can be used from 48 hours and after the bandaging is reduced. It is important that waterproof dressings are used over the wounds and that the incisions are kept dry.

The incisions are normally healed by the second to third week. At this point the dressings can be removed and you can shower normally although be sure to dry the area afterwards.

Sports

This is very variable and depends on the condition of your ankle and on the particular sport. However most sports should be avoided for the first 2 months.