

## **Ankle Arthroscopy**

Following your examination and investigations you are considering an ankle arthroscopy. This section aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This section is not for self-diagnosis. Please ask your surgeon if you have any further questions.

### **What is it?**

An ankle arthroscopy is a procedure in which your orthopaedic surgeon will make 2 or 3 punctures into the front of the ankle. Thereafter an arthroscope (thin fibre-optic camera) is inserted which allows your surgeon to view and operate inside the ankle joint.

### **Why would it be done?**

Arthroscopies are used to investigate the ankle prior to surgery, or are used in conjunction with surgery. Operations that can be done arthroscopically include the removal of bony spurs, loose bone fragments from fractures or the shaving of inflamed soft tissue (synovitis). Otherwise, an ankle arthroscopy is done to confirm diagnosis of a number of ankle issues such as:

**Ankle arthritis** can be better diagnosed, in which ankle fusion is a treatment option appropriate patients.

**Ankle fractures** can be diagnosed, in which fracture repair is done alongside the ankle arthroscopy to ensure normal re-alignment of bones and tissue.

**Ankle instability** due to damage of the ligaments or tendons, may be diagnosed as well as treated using an arthroscopic technique.

Arthroscopy can be used to shave away inflamed tissues and bone, retrieve loose bone fragments due to fractures or the shaving of inflamed soft tissue (synovitis).

**Arthrofibrosis** which is caused by scar tissue causing a painful and stiff ankle joint can also be treated and removed using an arthroscope.

Urgent surgery for **infection treatment** can also be done using an arthroscope when antibiotics alone are not able to treat the infection.

**Osteochondral defect (OCD)** are areas within the ankle where damaged cartilage and bone are causing pain and swelling in the ankle. This could be due to previous injuries of the ankle. This can be treated surgically through the use of an arthroscope.

Unknown causes and unlikely diagnosis can be further verified using an arthroscope. Sometimes symptoms do not correlate and other diagnostic techniques fail to find a reasoning to the symptoms. In these cases, an arthroscope is used. Once the surgeon has had a proper look at the ankle, diagnosis and suitable treatment may follow.

### **How long would I be in hospital?**

The reasoning to why you are having an arthroscopy done will be unique, and thus so will your recovery. Depending on what is wrong with your ankle and the surgery that is done in conjunction with the arthroscopy, you will need consult with your surgeon on your specific recovery.

After the operation, your foot will tend to swell up quite a lot. You will, therefore, need to rest with your foot raised to help the swelling go down. Once the immediate swelling has reduced, your foot will be put into a below knee plaster. The physiotherapists will show you how to walk with crutches, initially not putting any weight through your operated foot. If you get up too quickly, this may cause problems with the healing of your foot. You can then go home. Most people are in hospital for 2 -3 days.

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

The operation can be performed under general anaesthetic (asleep). Alternatively, an injection in the back, leg or around the ankle can be given 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 performed. Your anaesthetist will advise you about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or foot 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 painkilling tablets as required.

### **Will I have a plaster on after?**

Depending on what is wrong with your ankle and the surgery that is done in conjunction with the arthroscopy, you will need to consult with your surgeon on your specific recovery process.

If further surgery is done on your ankle apart from the arthroscopy, you will need to wear a plaster from your knee to your toes, for roughly 8-12 weeks. For the first 2 weeks you should avoid putting any weight through your foot and rest with it elevated as much as possible.

### **What will happen afterwards?**

Depending on what treatment or surgery is done in conjunction with the arthroscopy, you will need to consult with your surgeon on your post-operation requirements.

Following an arthroscopy, you will have a padded bandage applied to your wound. The outer bandages can be removed roughly 48 hours after surgery, however not the wound dressing. Stitches are sewn to keep the puncture wounds closed. These can be removed at your doctor during your follow-up.

Approximately 2 weeks after your operation you will be seen by your surgeon to remove the stitches and cuts as well as check the swelling on your foot. If all is well, you should continue walking with your crutches, but, at this stage, you can begin putting more weight through your foot.

Depending on your case, you will need to consult your doctor on the healing process for your case.

### **How soon can I ...**

#### **Walk on the foot?**

Depending on your case, your surgeon will advise you with the post-operation requirements. After your arthroscopy you should walk keeping the weight off your foot for 2 weeks after surgery. Your surgeon will advise you when you can start taking some weight on the foot. When you start putting weight on your foot we will give you a special shoe that you can wear over your plaster or padded bandage.

## **Go back to work?**

If your foot is comfortable and you can keep your foot up and work with your foot in a special shoe, you can go back to work within 3-4 weeks of surgery. Depending on what surgery was done in conjunction with the arthroscope, this may differ. In a manual job with a lot of dirt or dust around and a lot of pressure on your foot, you may need to take anything up to 6 months off work. How long you are away from work will depend on where your job fits between these two extremes and what operation you have had.

## **Drive?**

Most people prefer not to drive until the plaster is off, they can wear a shoe and are able to fully weight bear. Drive short distances before long ones. If you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. If only your left foot is operated on and you have an automatic car, you can drive within a few weeks of the operation, when your foot is comfortable enough and you can bear weight through it.

## **Play sport?**

This depends on the surgery you have had done in conjunction with the arthroscope. Between 6 and 8 weeks after your arthroscope, you can start increasing exercise. Begin with walking or cycling, building up to more vigorous exercise as comfort and flexibility permit. Obviously, the foot will be stiffer after surgery and you may not be able to do all you could before. However, many people find that because the foot is more comfortable than before surgery they can do more than they could before the operation. Most people can walk a reasonable distance on the flat, slopes and stairs, drive and cycle.

## **Risks**

Only about 1 in 600 people suffer from an infection post-operation. If this does occur, further surgery is needed to drain and remove the infected bone, tissue, screws or pins.

Depending on the other surgery done in conjunction with the arthroscope, risks will differ. Be sure to consult your surgeon to discuss the risks included.

The punctures from the arthroscope may leave scars and occasionally these may be painful and inflamed.

The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 1 in 10 people, they are stretched or small nerve branches are cut. This produces a numb, sometimes tingly, occasionally painful, area

over the top or outer side of the foot. In many people this gets better over the course of 6-8 weeks, but in about 1 in 2 of those affected it does not get better.

A small nerve called the Sural nerve gives feeling to a patch of skin on the side of the foot and may be injured as often as 5 in 100 times. In severely deformed ankles, all the vessels and nerves tend to be tethered. As a result, some feet may be a bit numb or sensitive afterwards. Very rarely, the blood supply to a foot may be so badly affected that it has to be amputated.

There are general risks with any operation that include blood clots, anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur (chronic regional pain syndrome - CRPS).