

WHAT ARE THE RISKS?

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, sometimes this stretches the nerves and they stop working. Usually this numbness recovers within 2 months, but a few people have small areas of permanent numbness.

The cuts usually heal up quite quickly. Infection of the cuts can happen as we all have bacteria on the skin. If a bacterium gets into the wound you will be aware because it becomes red hot swollen and tender. If this happens get to your GP or practice nurse. Have the sutures removed early and have the dressings changed. Occasionally your GP may prescribe antibiotics.

Thrombosis is rare after ankle arthroscopy because most patients walk soon after the operation.

Very rarely a loose body or fragment cannot be retrieved through the "keyhole" incisions. Therefore, sometimes the joint has to be fully opened up.

Should you have any further questions about this procedure please do not hesitate to ask your Orthopaedic and Trauma Surgeon.



Ankle Arthroscopy

Copyright 2007
Sport and Orthopaedic Clinic Limited
BUPA Hospital Bristol
3 Redland Hill
Bristol, BS6 6UT
UK
Phone 0044 (0)117 3171790
Fax 0044 (0)117 973 8678

ANKLE ARTHROSCOPY

INTRODUCTION

Arthroscopy is an operation on a joint which is done by a "keyhole" technique. An instrument connected to a video camera is inserted into the joint to allow clear examination of the inside.

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, lining of the joint or cartilage surfaces of the ankle. 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 IS INVOLVED?

Under general anaesthetic the ankle is examined carefully. Traction is applied to the ankle by a strap applied around the heel. Fluid is then injected into the ankle to balloon out the space. Small cuts are then made at the front of the ankle, one each side. Occasionally another cut is required at the back of the ankle. Each cut is about 1cm long. Through these cuts, a telescope with a camera attached and instruments are inserted into the joint. The whole of the inside of the ankle is examined and any necessary treatment carried out.

CAN IT BE DONE AS A DAY CASE?

If you are medically fit, have someone who can collect you and look after you after the operation, the operation can be done as a day case. However, if you have other medical problems such as diabetes, asthma or high blood pressure, you may

have to be admitted the day before for tests and stay overnight after surgery. If you cannot be collected and looked after you must stay overnight to avoid complications.

WILL I HAVE TO GO TO SLEEP (GENERAL ANAESTHETIC)?

The operation will usually be done under general anaesthetic (asleep) but occasionally can be done under spinal anaesthetic. 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 after the operation if you need them.

WHAT WILL IT BE LIKE AFTER?

There will be a bulky dressing round your ankle. When you have recovered from your anaesthetic, you can get up, walking freely on your ankle. No plaster is required. We want you to start exercising your ankle as soon as possible. You can remove the dressing 1-2 days after the operation and start exercising your ankle, using both up-and-down and side-to-side movements (you will be given advice on this before leaving hospital). The ankle will still be fairly swollen, bruised and stiff at this stage, so you should keep it up when not walking or exercising. If it gets very swollen, you can use an ice pack or frozen peas wrapped in a towel on it for 10-15 minutes.

You will be seen in the outpatient clinic 2 weeks after your operation to remove the sutures. Your ankle will be examined. The findings of your arthroscopy will be discussed with you, and any further treatment that is necessary will be arranged. Many people do not need Physiotherapy at this stage and can exercise on their own. If no further treatment is required and your ankle is healing well

you will be reviewed at a final check-up six weeks from the operation.

HOW SOON CAN I:

Walk on 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 walk fully weight-bearing 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 are comfortable and you feel you are safe you could drive within a couple of days of the operation. Some patients take longer than this.

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.

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 2-3 months.