

Patient Information: Ankle Arthroscopy

What is an ankle arthroscopy?

This is an operation usually performed under general anaesthetic, as a day case procedure. A small camera (about three mms in diameter) is inserted into the ankle through two or three small incisions. This allows the surgeon to see and operate inside the joint.

When is this operation required?

Patients will normally have a course of treatments that doesn't involve an operation. This may include some of the following; painkillers, changing activity levels, insoles, braces, steroid injections and physiotherapy. The operation may be performed to:

- Help diagnose the cause of pain
- Remove any scar tissue
- Remove any bony spurs
- Remove inflamed soft tissue
- Help re-grow cartilage if small specific damaged area

What can I expect after the operation?

This surgery is performed as a day-case procedure, meaning you return home that night. A boot is usually put on at the end of the operation. Local anaesthetic is injected during the operation to help reduce the post-operative pain. This means that there will be an increase in pain when the local anaesthetic wears off up to 12 hours after the operation.

When you arrive back to the recovery ward from theatre your leg will be in a walking boot. A Physiotherapist will teach you how to walk with crutches. You will be allowed to walk fully weight bearing unless informed otherwise.

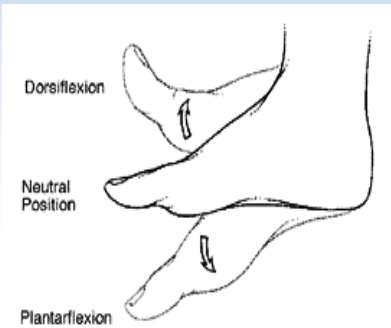
At 2 weeks you will have your stitches taken out

What activities can I do?

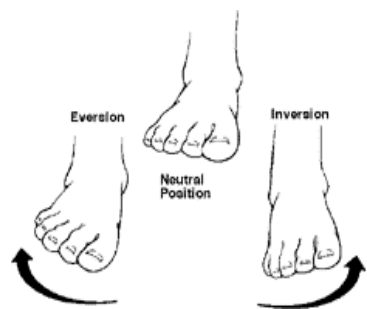
If no cartilage procedures have been performed foot and ankle exercises can begin immediately (see below). General exercise progression is from non-weight bearing and non-impact (cycling and swimming – once wounds have healed) to low impact (stepper, elliptical/cross trainer, walking) to higher impact activity (jogging, exercise classes and sports). You may be referred to Physiotherapy help with getting movement back but the general rule is to 'listen to your body'. You will tend to have good and bad days but it should gradually improve. Each new level of activity achieved will usually mean a temporary increase in pain. Symptoms are often related to the amount of swelling. If a cartilage procedure has been done you may be in a boot for 8-12 weeks (your surgeon will discuss this with you)

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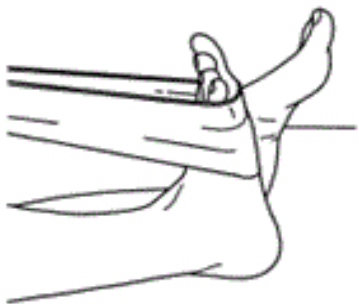
Exercises:



1. Move your ankle up and down as far as possible. Hold at the top and bottom for 5 seconds and repeat for 1-2 minutes.



2. Move your ankle inwards and outwards as far as possible. Repeat for 1-2 minutes.



3. Ensure that your ankle bends upwards fully by wrapping a towel around the ball of your foot and pulling upwards until a stretch is felt in the front of the ankle or back of the leg. Hold 20 seconds. Repeat 5-10 times.

Work, Driving and Flying:

You may return to sedentary work as soon as able. However this is normally between 2 and 4 weeks. For those patients who do more manual work or whose work involves standing for long shifts, up to 8 weeks off work or longer may be required. If an operation is done on the cartilage the recovery is much longer and you may be in a boot for 8-12 weeks

You can drive as long as the ankle is comfortable and you are out of the walking boot. It is imperative that you are safe making an emergency stop, and therefore practicing before embarking on a drive is wise. Return to driving may be possible earlier if the car is automatic and the left foot has been operated on. More information available at www.dvla.gov.uk

According to the Department of Health flying should be avoided for 8 weeks after surgery. For further information see below: www.nhs.uk/chg/Pages/2615.aspx?CategoryID69

What are the more common risks of surgery?

Infection – The rate of superficial (skin) infection within our department is 1%, the majority of which will respond to oral antibiotics.

The risk of deep infection is less than 1 in 1000.

Thrombosis – The risk of getting a clot in your leg following ankle ligament surgery is small. Some patients may be at an increased risk. Your surgeon will advise on clot prevention therapy to yourself based on any noted risks. We advise that you drink plenty of water and move around as much as is sensible to reduce the chances of a clot.

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Please be aware of symptoms of thrombosis, including:

- Significant swelling – you will have some swelling due to the nature of the surgery.
- Increasing calf tenderness.
- Heat and redness compared to the other leg.
- Shortness of breath or chest pain when breathing in.

If any concerns regarding these, please seek medical attention urgently

Ongoing pain

Some patients will have permanent pain after any operation. Usually this is at a low level, especially compared to before the operation. Sometimes it can be more severe. Usually a cause and treatment can be given but this is not always the case.

Nerve injury – Numbness or tingling can occur at the wound or in the foot. This is usually temporary but in some it may be permanent. This happens in less than 1% of patients.

Complex regional pain syndrome - Some patients are susceptible to ongoing pain and swelling following surgery or injury to their feet (or other extremities). This is caused by an over activity of the nerves in the limb.

Some studies have shown in the upper limb, the rate of onset can be reduced by taking normal over the counter Vitamin C starting the day of the operation.

Ongoing pain / further operation

Depending on the nature of your condition patients can have symptoms afterwards (eg if there is arthritis in the ankle). Sometimes the condition can return (eg scar tissue, bony spurs). Your surgeon will discuss your specific risk of this.

Further Information

The figures for complications given in this leaflet have been taken from the most up to date publications on this subject (as of October 2014).

- The British Orthopaedic Foot Surgery Society web site is available at: <http://www.bofas.org.uk/PatientInformation.aspx> (accessed May 2014).
- The foot and ankle hyperbook: www.foothyperbook.com (accessed May 2014).
- Mann, R. Coughlin, M. and Saltzman, C. Surgery of the Foot and Ankle 8th edition, Elsevier, Philadelphia. 2008
- Myerson, M. Foot and Ankle Disorders. Saunders, Philadelphia. 2000

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What if I need to contact someone?

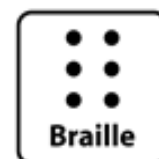
Fracture Clinic –

Tel: 0151 529 2554 (Monday – Friday)

Leave a message on the answer machine stating your name and contact number and a member of staff will return your call.

Ward 17a –

Tel: 0151 529 3511



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@aintree.nhs.uk