

Arthroscopy of the ankle & lateral ligament repair

Patient Information by Mr Stefan Weitzel, Consultant Foot & Ankle Surgeon

General Info

This leaflet provides general information to a patient undergoing **keyhole surgery (arthroscopy) of the ankle followed by lateral ligament stabilisation** for reference both pre- and postoperatively. There may be individual differences of the exact procedure carried out and/or the recommended postoperative rehabilitation protocol, and therefore this may be used only as a **general guide**.

For specific questions or concerns please do not hesitate to get in touch by contacting the practice manager on 020-32914143 or via laura@weitzelorthold.co.uk

What happens before surgery?

Patients who have been booked for surgery will receive admission information directly by the hospital. They may be contacted by the pre-admission team and may have to attend preoperatively for some basic tests (e.g. bloods, heart tracing (ECG), MRSA swab) to confirm anaesthetic fitness and ensure perioperative safety.

Day of surgery

On the day of the surgery there will be a further opportunity to discuss the exact nature of the surgical procedure recommended with the surgeon as well as details of the postoperative recovery & follow-up arrangement. In addition, benefits and potential complications of surgery and alternative treatment options will be re-explained and the topics of the conversation documented on a consent form that is signed by both the patient and the surgeon.

Detail of surgical procedure

The procedure typically involves two incisions in the front of the ankle through which the arthroscope (camera) and any instruments are introduced into the ankle joint. This allows the assessment of the lining of the joint and any required procedures to be carried out such as trimming of abnormal soft tissue (e.g. scar or cartilage) and/or bone or the removal of loose bodies. With specific regard to the integrity of the ligaments the stability of the ankle will be assessed in addition to preoperative stress-X-rays that are occasionally used for this purpose. The skin stab wounds are sutured and dressed.

A separate incision is then made over the outer aspect of the ankle accessing the lateral ligaments that are tightened up & repaired and often adding additional reinforcement with a synthetic suture tape (internal brace) that is anchored into the bones.

Routinely a local anaesthetic injection of the ankle is administered by the surgeon before the end of surgery to reduce postoperative pain for 12 to 24 hours. Tingling or other abnormal sensation in the ankle or foot may be experienced even longer but is temporary and usually fully resolves.

Anaesthetic

Surgery is normally carried out under general, spinal or regional anaesthetic and the anaesthetist will discuss with the patient the most suitable technique.

Before discharge

Postoperatively, the patient will be supported in a cast and be asked to elevate the foot at least 2 hours to reduce bleeding risk. Thereafter, crutches will be provided to allow off-loading and possibly a postoperative shoe to aid mobilisation. The amount of weight-bearing allowed will depend on the exact procedure carried out and this will be communicated to the patient by the surgeon and/or nursing staff according to the surgeon's postop instructions prior to leaving the hospital. Suitable pain relief in the form of tablets is provided. For most patients this is a day case procedure, but some may choose to stay overnight for various reasons including slow recovery from the anaesthetic.

Clinic follow-up & return to activities including work

The patient is usually in the cast for 1-2 weeks until the first postoperative clinic appointment when the cast will be removed, the wound checked, and any non-absorbable sutures removed. A walker boot will then be provided, and weight-bearing increased. The patient is encouraged to commence gentle range-of-movement exercises and physiotherapy can commence. Further follow-up usually takes place in clinic at around 4-6 weeks.

Many patients in sedentary jobs (e.g. office work) may be able to return to work fully or in modified capacity after 1-2 weeks. Patients in physically more demanding professions are likely to delay return to work until after 4-6 weeks. Return to the gym can take place as part of the rehabilitation effort from around 4 weeks postoperatively and going back to running and contact sports is rarely possible before 6-8 weeks. Swelling can occasionally persist for 3-4 months postoperatively (and rarely longer) delaying the return to fashionable or tight-fitting shoes. Recovery may be slow and progress over many weeks.

Complications & Outcome

Early postoperative risks include *bleeding* (which may rarely require an early change of dressing) and *wound healing problems & infection*. The latter is rarely serious and responds quickly to regular wound care and a short course of oral antibiotics. *Nerve problems* may be noted when the dressing is reduced and are either experienced as a reduced sensation or tingling in the foot or around the surgical scars. This is usually temporary but uncommonly can be permanent (but even then is rarely troublesome). A more generalised but very rare form of nerve dysfunction is caused by *complex regional pain syndrome (CRPS)* that gives rise to swelling, aching, stiffness & abnormal sensation in the ankle and foot. This almost always resolves with physiotherapy and joint mobilisation over a period of months.

The risk of *thrombo-embolism* (blood clot) in calves and/or lungs is uncommon in arthroscopic ankle surgery with ligament repair but the increased procedure time beyond 1h and immobilisation time in

cast increases the risk somewhat and, therefore, chemical thrombo-prophylaxis (daily heparin injections) is routinely recommended.

Longer term risks include significant and persisting *stiffness, residual or recurrent instability and/or pain*. However, a general outcome review shows that a large majority of patients obtain significant pain relief and stability improvement with surgery (>80%).