

Arthroscopy of the ankle

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** 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 will be re-explained and 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. The skin stab wounds are sutured and dressed. 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 with a soft bandage and be asked to elevate the foot at least 2 hours to reduce bleeding risk. Thereafter, a postoperative shoe or walker boot will be provided to aid mobilisation. If more complex treatment of cartilage restoration (e.g. "micro-fracture") has been carried out weight-bearing will be protected usually with crutches. The amount of weight-bearing allowed will depend on the exact procedure carried out and this will be communicated to the patient 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 asked to reduce the bandage at around 3-4 days postoperatively and material to redress the wound and apply an elastic compression stocking (tubigrip) to control swelling would have been provided. The patient is encouraged to commence gentle range-of-movement exercises according to provided instructions. Follow-up usually takes place in clinic around 10-14 days, for wound check and removal of sutures if required. At this stage a discussion takes place over the further rehabilitation plan and when to return to everyday and other activities. Many patients in sedentary jobs (e.g. office work) may now be able to return to work fully or in modified capacity. Patients in physically more demanding professions may have to delay return to work until after 4-6 weeks. Physiotherapy is usually commenced from around 2 weeks after surgery. Swelling can occasionally persist for 2-3 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.

Thrombo-embolism (blood clot) in calves and/or lungs is very uncommon in arthroscopic ankle surgery in patients without significant risk factors (e.g. previous history). Therefore, medical thrombo-prophylaxis is not routinely recommended but a compression stocking is usually offered by the nursing staff for the immediate postoperative period.

Longer term risks include significant and persisting *stiffness, residual or recurrent deformity and/or pain*. However, a general outcome review shows that a large majority of patients (>80%) achieve significant improvement with surgery depending on the exact problem treated.