



Ankle Arthroscopy

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Following your consultation with a member of the Foot and Ankle team you have agreed that you might benefit from an operation called arthroscopy of your ankle joint. This may be performed as a diagnostic procedure or in conjunction with other procedures. This leaflet aims to give you information about the procedure and what to expect after the surgery. Please ask your surgeon if you have any further questions. If anything changes before the operation please let your surgeon or their secretary know (e.g. skin problems, infections, injuries).

What is an arthroscopy?

An arthroscope is a small thin telescope for looking inside a joint. It is less than 5mm wide and contains a fibre optic light system and a number of small lenses. When attached to a miniature television camera it allows a surgeon to look inside your ankle joint through very small incisions about 1cm long (so called "keyhole surgery"). The operation is usually performed under general anaesthetic but can be done by a regional anaesthetic that just numbs the legs.

What can be done?

An arthroscopy can be performed just to look inside your ankle joint to see what is causing your symptoms (diagnostic). More commonly the arthroscope is used in conjunction with other small specialist instruments that are introduced into the joint through other small incisions. Using the arthroscope the surgeon can guide these small instruments and perform a number of procedures. These include washing out fluid or tissue debris, removing or reattaching loose fragments, removing or breaking down scar tissue and drilling or grafting defects in the joint surface. Possible operations range from minor procedures

through to major procedures such as fusing a worn out ankle joint.

How long will I be in hospital?

This depends on what was done during your arthroscopy and on your general health. The procedure involves an anaesthetic and most patients can go home the same day. If you have had more major surgery you may need to stay for several days. You may need to use crutches for 12 days. You will not be discharged until the physiotherapy or nursing staff are happy that you are able to move around safely.

How long will I be off work?

Most people return to office type work after 2 weeks. People with more physically strenuous jobs may need longer. Driving short distances is usually possible within a week.

What can go wrong?

All operations have a risk of complications but fortunately they are uncommon after ankle arthroscopy (less than 2 in 100 cases) and usually minor. You will have an anaesthetic which, even using modern techniques, still carries a very small risk. The risk varies depending on your general health. Possible complications of an arthroscopy include:

- Sensitive or numb scar.
- Bleeding into the joint.
- Infection.
- Blood clot or venous thrombosis.
- Nerve or blood vessel injury.
- Damage to the joint.

The most common problem, though still unusual, is a patch of numb skin or sensitive scar due to damage to the small nerves running in the skin. This normally settles gradually, but can take several months.

Infections usually only involve the area of the



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wound but can spread to involve the joint. Most infections settle after a short course of antibiotics but some require a further arthroscopy to wash out the joint. This is rare.

Blood clots in the veins or lungs are very unusual. Certain types of oral contraceptive (the “pill”) may increase this risk and may need to be stopped 6 weeks before your surgery. Always discuss this before your operation. If you are on the pill you must inform your surgeon or a member of their team.

COVID-19 infection increases the risk of complications and we recommend you read the separate leaflet about this. If you are in one of the vulnerable groups you should think very carefully about proceeding with surgery unless it is absolutely necessary.

We hope this leaflet has answered any questions you might have. If you have any further queries please feel free to discuss them with any of the medical or nursing staff either in the clinic or on your arrival in the ward.

Wellbeing Advice

Patients that have a healthy diet, take regular exercise and refrain from smoking prior to surgery are more likely to experience quicker and better recovery and may also have a more successful outcome from their surgery. If you have any concerns about your general health and well being (diet, exercise, smoking cessation) you are encouraged to discuss this with your GP, who will be able to provide advise on the options available to you.

References

www.bofas.org.uk

Mann, Coughlin and Saltzman (2007)
Surgery of the Foot and Ankle 8th edition,
Elsevier, Philadelphia

NHS Constitution. Information on your rights

and responsibilities. Available at www.nhs.uk/aboutnhs/constitution