



Arthroscopy of the Ankle (Anterior)



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NUHS Orthopaedic Surgery

The Department of Orthopaedic Surgery offers specialist medical and surgical treatments on musculoskeletal disorders, joint replacements, foot and ankle disorders, among other trauma injuries to patients. Our consultants and surgeons work closely with sports medicine physicians, physiotherapists, podiatrists and other healthcare professionals to help patients return to normal activities after surgery.

What is an ankle arthroscopy?

An ankle arthroscopy is a 'keyhole' procedure that uses a fibre-optic camera to assess and treat ankle problems. Two small cuts are made on either side of the ankle to allow a small camera and surgical instruments to access the joint.

Procedures that can be performed with arthroscopy include:

- **Debridement and washout:** Scar tissue and bony spurs causing pain (known as impingement) are removed and the joint is 'washed out' with saline
- **Removal of loose bodies:** This includes bone fragments or cartilage which may be floating inside the joint
- **Debridement and drilling of cartilage lesions:** Scar tissue is removed from the damaged cartilage area (osteocondral lesion) and the bone is drilled to promote the formation of new cartilage

What are the treatment options?

Physiotherapy may be helpful to relieve symptoms, but it has variable long-term success, depending on your diagnosis. An ankle support brace may be worn to relieve symptoms, but certain ankle conditions may require invasive procedures such as surgery.

After surgery

Will it hurt?

Local anaesthetic will be injected into your ankle and around the small incisions to relieve pain during the immediate post-operative period. You will be prescribed painkillers and should take them before the local anaesthesia wears off. A five-day course of anti-inflammatory drugs is usually prescribed unless you cannot take them.



How should I care for my wound?

After surgery, your wound will be stitched and your ankle bandaged. Although the bandage can be removed 48 hours later, you are advised to keep your wound covered, clean, and dry until it has healed completely (approximately 10 days).

Some swelling in the joint is expected and this is caused by the fluid used during surgery and from your body's reaction to the surgery. It is normal and can last up to a few months, depending on the individual. Rest your leg above your heart level to bring the swelling down in the first two weeks after surgery.

If your wound becomes red, swollen, or very tender, or you notice a discharge, please contact our clinic or go to the nearest Emergency Department.

When can I start walking?

It is important to let your doctor advise on when you can start putting weight on your operated leg again. Crutches will be provided if your doctor feels it is necessary for you to use them. It may be up to six weeks or longer before you can walk without crutches, depending on the ankle procedure you had.

How much rest do I need?

You will be given a two-week medical certificate (MC) to rest and recover. Depending on your job, a longer MC may be given.

When can I drive?

Do not drive for the next few weeks after surgery. You must be fully mobile and comfortable to make an emergency stop without worrying if it might hurt to do so. Having a right ankle operation will affect your ability to drive for a longer period than a left ankle operation.

Possible risks and complications

Developing a complication after surgery is rare, but it may happen. Possible complications include:

- Bleeding and/or excessive swelling. To prevent this, elevate your leg as much as you can, especially in the first two weeks after surgery.
- Damage to the structures around your ankle, including the cartilage, tendons, nerves and ligaments.
- Infection of the wound or joint (very rare, less than 1%).
- Numbness around the 'keyhole' scars or sensitivity in the scars. This will usually resolve by itself, but it can be helpful to rub the scar to desensitise them when they have healed.
- Thromboembolic complications (blood clots in the large veins of the leg or lung) such as Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE).

While this is possible after any surgery on the lower limbs, the risk is extremely low (around 0.3%) in foot and ankle surgeries. Blood-thinning medication can be prescribed to prevent blood clots. However, because the risks associated with blood-thinning medication are greater than the risk of developing blood clots, such blood-thinning medication are only prescribed when deemed necessary by your doctor.

Follow-up appointments

You will usually be called for a review at our outpatient clinic two weeks after your surgery. Your stitches will be removed and you will be seen again six weeks and three months later.



The information in this brochure is not exhaustive. If you would like to know more, please approach any of our staff.

For further information: www.footeducation.com

References:

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3. Solis G, Saxby T. Incidence of DVT following surgery of the foot and ankle. *Foot Ankle Int* 2002;23-5:411-4.

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