

Ankle Arthroscopy

This information leaflet has been produced to provide our patients with an overview of their condition and what treatments they may expect. However, each person is different and the treatment you are offered will depend on your unique circumstances.



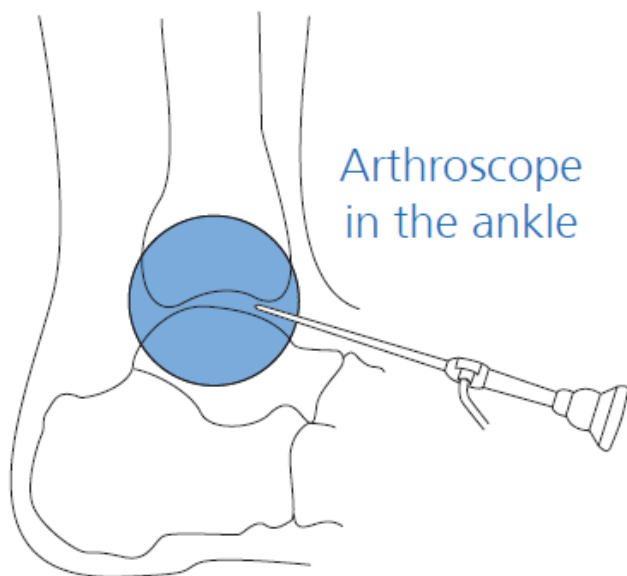
Stanmore
Foot & Ankle
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What is ankle arthroscopy?

An ankle arthroscopy is a procedure that involves making two or three small puncture wounds usually in front of the ankle. A small arthroscope (three to five millimetres in diameter) is inserted into the ankle allowing the surgeon to see and operate inside the ankle joint.

A number of different soft tissue and bony conditions can be treated arthroscopically, for example, the removal of bony spurs, loose bone fragments or shaving of soft tissue inflammation (synovitis). Success and recovery rates vary depending upon the specific condition being treated and will be discussed with you prior to surgery.

Ankle arthroscopy is usually carried out under general anaesthesia, either as a day case or in some instances as an overnight stay in hospital.



Benefits of Surgery

To reduce pain/discomfort and improve function, for example, walking and sports.

Post-Operative Advice

Gently mobilise the ankle as soon as able (this prevents stiffness and strengthens muscles). A physiotherapist may assess walking and explain exercises that are effective to aid recovery. Refer to the end of the leaflet for an exercise regime.

Wound(s) must be kept dry for up to two or three weeks following the procedure. Keep wound sites covered. A dressing will be in place following the procedure. However, it is possible to take a shower after 48 hours providing a waterproof dressing is applied. Avoid taking a bath.

Driving

Manual cars can be driven usually seven days following an arthroscopy if the ankle feels comfortable. Automatic cars may be driven sooner if patients have undergone surgery on the left ankle only. It is important to be able to perform an emergency stop. You **MUST** notify your insurance company of the procedure that has been undertaken to ensure that your cover is valid.

Sport

Gentle activity can often be resumed approximately six weeks after an arthroscopy. Competitive sport such as football, rugby or squash may take longer but it also depends on the type of surgery carried out.

Follow the RICE regimen

R – rest when able. Returning to work will depend on your type of employment, the procedure that you have undergone, individual circumstances and speed of recovery. Those with an office or sedentary employment will usually be able to return to work within seven days of the procedure. Those whose employment involves long periods on their feet may be absent from work for four weeks.

I – ice. Apply an ice pack. This may help reduce swelling and assist with pain relief. It is important to protect the affected area with a towel prior to application; often a bag of frozen peas is very effective. When the wound has healed and stitches removed. Fill a bowl with water, add some ice cubes and submerge your ankle in this (do not leave your ankle for longer than 10 minutes). This may be repeated up to four times a day.

C – compression in the form of a tubigrip support can be worn during the day. It provides support to the ankle and it also helps reduce post operative swelling. The tubigrip must not be worn at night.

E – elevate when able. It is advised to keep the affected area above groin level as this helps to significantly reduce swelling. Anti inflammatory pain relief such as nurofen, ibuprofen combined with paracetamol is effective. Ask for advice from your doctor before taking any medications.

Risks of Surgery

Infection – there is a small risk (1 in 600). This is increased in patients who are diabetic, suffer from rheumatoid disease and those who smoke.

The surgeon may decline to perform surgery unless you refrain from smoking.

Scarring – any type of surgery will leave a scar, occasionally this may be painful and inflamed.

Numbness or tingling – this can occur on top of the foot as a result of minor damage to small nerves. Often it is temporary; however, numbness or a sensitised area can be permanent.

Blood Clots - deep vein thrombosis (DVT) or pulmonary embolus (PE) are rare. Please inform the team if you have had a DVT or PE before or if you have a family history of clotting disorders.

You will be given an antiembolic stocking to wear on your other leg and daily blood thinning injections while your leg is in plaster.

REPORT SEVERE PAIN, MASSIVE SWELLING, EXCESSIVE NUMBNESS OR PINS AND NEEDLES.

Excercises

1. Sit with your operated leg straight out in front, put a belt round the foot. Gently pull the belt until a stretch is felt in your calf. Hold for 20 seconds and then relax.

Repeat 10 times, three to four times per day.

2. Place a rubber exercise band around your foot. Push your foot away using the band as resistance, slowly return to your starting position.

Repeat 10 times, three to four times per day.

3. Place a rubber exercise band around your foot. Pull your foot up towards your body using the band as resistance then gently return to your starting position.

Repeat 10 times, three to four times per day.

4. Place your heel on the ground and turn your foot inwards (as if to look at the sole of the foot).

Repeat 10 times, three to four times per day.

5. Place your heel on the ground and turn your foot outwards (as if to look at the outside of the foot).

Repeat 10 times, three to four times per day.

REPORT ANY EXCESSIVE PAIN, SWELLING, REDNESS OR DISCHARGE.



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