AMIT AMIN
FOOT & ANKLE SURGEON

Ankle arthroscopy

An ankle arthroscopy is a keyhole surgery used to gain access to the inside of your ankle joint and to treat the abnormality or injury that is causing your symptoms.

The procedure is normally done through 2 or three small incisions (5-10mm) in front of your ankle

Less commonly you may need access to the back of your ankle and therefore the arthroscopy may need to be performed through the back of the ankle where 2 small incisions are placed either side of your Achilles tendon.

In both procedures one of the incisions is used to introduce a small camera (3-5mm in diameter) to gain vision whilst the other incision(s) are used to introduce the instruments needed to perform the procedure.

Depending on your presenting problem, various treatments can be performed. Soft tissue scaring, inflammation, bony spurs or loose bodies can be removed and 'shaved' away with small motorised shavers or burrs. Cartilage defects can also be treated by making holes in the exposed bone to encourage a special 'scar' cartilage growth. This technique is referred to as 'microfracture'.

The exact procedure is often planned and discussed with you prior to surgery by your surgeon after careful assessment of your symptoms and your MRI scans is made.

Post-Operative Course

DAY 1
Bulky bandage and flat rigid soled shoe will be applied at the end of surgery
Full weight bearing (unless otherwise instructed)
Crutches as needed
Elevate foot for first 5 days – 50% of the time
Move the ankle within limits of dressing
Limit activities for first 2 weeks – no distance walking, cycling or running
Core exercises permitted.

DAY 5
Take down bulky bandage and leave wound covered with sticky plaster
Move the ankle up and down regularly through the day
Use trainer or similarly comfortable shoes (unless otherwise instructed).

2 WEEKS
Outpatient review of wounds
Start physiotherapy
All no-impact activities allowed.

6 WEEKS ONWARDS
Progress physiotherapy and decide with therapist exact timing of return to impact activity/sport.

Main Risks Of Surgery

Swelling – Initially the foot and ankle will be swollen and needs elevating. The swelling will disperse over the following weeks and months. Occasionally the ankle will demonstrate a very mild long-term swelling, but this usually reflects years of injury rather than the surgery.

Wound healing problems – The risk of serious wound healing problems is approximately 1%. It is important to keep the foot elevated over the first 5 days to reduce the swelling and risk of wound healing problems. In rare circumstances when the wound is problematic, further surgery can sometimes be required. A fistula – connection between the joint and skin can develop – and this is usually from over doing things in the first 2 weeks, before the wounds have healed. This may need another small operation.

Scar sensitivity – The scars can be sensitive following surgery but this usually improves over 3-6 months. Regular massage can help make the scar less sensitive.

Infection – The risk of deep infection occurring is approximately 1%. You will be given intravenous antibiotics to help prevent this. It is important to keep the foot elevated over the first 5 days to reduce the swelling and risk of infection. Smoking increases the risk 16 times. If there is an infection, it may resolve with a course of antibiotics but may require a period of hospitalisation or rarely, further surgery.

Stiffness – this is common to begin, and the surgery may have been performed to improve this symptom. Physiotherapy will limit and improve stiffness.

Nerve damage – The superficial peroneal nerve is close to the outside incision (anterior arthroscopy - front) and the posterior tibial and sural nerves close to the incisions for a posterior ankle arthroscopy (back). Rarely (1%) are nerves damaged during the surgery but if so – it may leave a patch of numbness in the

foot. This numbness may be permanent but usually does not affect function. Occasionally the nerve is injured and forms a neuroma (thickened nerve), which can be painful. This tends to settle with gentle massage, but further surgery might be necessary if persistent.

Fistula – This is where the 2 small incisions do not heal well, and usually results from too much activity in the first few weeks. A fistula is where a connection persists between the ankle joint and the skin, and clear/joint fluid can persistently leak. Further surgery is needed is this does not close naturally

Chronic Regional Pain Syndrome – this is where the nerves around the ankle become overly sensitive. The ankle swells, changes colour and becomes stiffer than expected. It is exceptionally uncommon, but can be very debilitating. If this is diagnosed, then I will refer you to a specialist pain doctor. The outcome of surgery can be suboptimal in this situation.

Deep Vein Thrombosis (DVT) – This is a clot of blood in the deep veins of the leg. The risk of a clot occurring is reported as less than 1% after foot and ankle surgery which is generally substantially lower than after hip or knee surgery. Suspicion of DVT is raised if the leg becomes very swollen and painful. There are tests that can be performed to confirm / exclude the presence of a DVT. If confirmed, you will probably require treatment with a blood thinning agent (heparin preparation and / or warfarin). The main concern with regards a DVT is that rarely (<1:1000 chance with foot and ankle surgery) a piece of clot can break away in the leg and travel to the lungs which is much more serious and can be life-threatening. This is called a pulmonary embolus and signs of this include chest pain and shortness of breath. If you are concerned that the leg has become more swollen and painful (some swelling always occurs after surgery), or if you experience chest pain / shortness of breath, then you should contact the hospital, general practitioner, or accident and emergency department immediately.

Sick Leave

In general 1 weeks off work is required for sedentary employment, 2 weeks for standing or work that requires a lot of walking and 4-6 weeks for manual / labour intensive work.

Driving

You will be able to return to driving following the 2 weeks review, based on satisfactory progress.

These notes are intended as a guide and some of the details may vary according to your individual surgery.