

Ankle arthroscopy

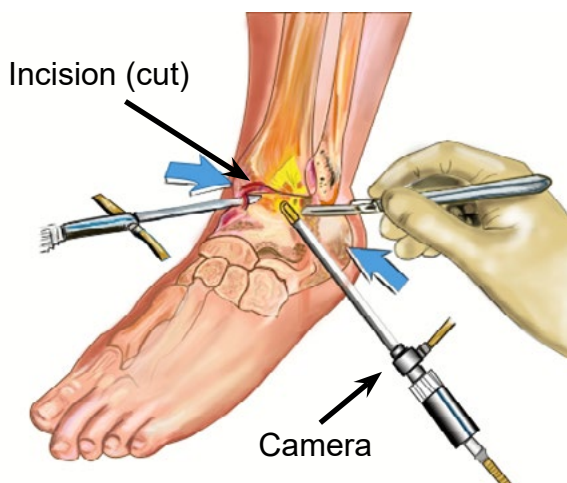
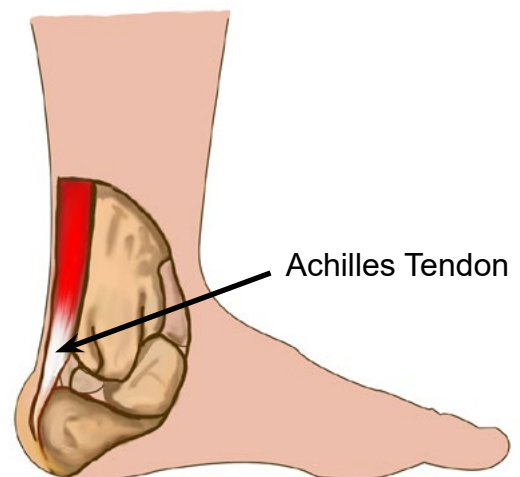
Information for patients from Trauma and Orthopaedics (T&O)

You have been given this leaflet because keyhole surgery has been suggested for you, and this information may help you understand the surgery and what to expect afterwards.

What is ankle arthroscopy?

Ankle arthroscopy is a keyhole surgery where small incisions (cuts) are made, so your surgeon can see your ankle joint and its surrounding area.

Usually your surgeon will make two incisions (5 to 10mm in length) at the front of your ankle. However, if the problem is at the back of your ankle you will be asked to lay on your front and two incisions made either side of your Achilles Tendon.



A camera is passed into your joint through one of the incisions and the image is shown on a screen. The other incision is used for instruments to enter the joint (see diagram).

During your operation it may be necessary to swap the camera and instruments to the other side to get better access to your ankle.



What procedures can be performed with arthroscopy?

Arthroscopy can be used to help with various conditions, including the following.

- Removal of soft tissue impingement and bone spurs.
- Removal of loose bodies (for example broken off cartilage).
- Microfracture for osteochondral defects (damage to cartilage).
- Removal of os trigonum (extra bit of bone at the back of the ankle).
- Preparation of ankle joint for fusion (joining two bones together).
- Assessment of syndesmosis (ligaments in the ankle).

Are there alternatives?

Yes. Surgery should only be considered after other options have been tried. This may be physiotherapy, as well as changing your activities and footwear. You will discuss these further with your doctor.

Will I have a general anaesthetic?

The surgery is normally carried out under general anaesthesia (you will be asleep).

You will be given instructions in your preassessment appointment about when to stop eating/drinking, what to do with your medications, and where to come on the day of your surgery.

What happens if I ignore my condition?

The reason(s) why you came to the appointment may not get better and sometimes can get worse. It is difficult to predict.

How long will I have to stay in hospital?

Most of these procedures are performed as day surgery. However if you are having a fusion you may be kept in hospital for one night.

You will need someone to drive you home after your surgery and someone must stay with you overnight.

What happens when I arrive at the hospital?

When you arrive at the hospital you will be seen by the nurses, a physiotherapist, and doctors who will explain your procedure. Please use this time to ask any questions.

You will be asked to change into a hospital gown and stockings.

How will I feel after surgery?

You will be given painkillers to help with any discomfort after your operation. Everyone reacts to the anaesthetic differently. Feeling sick is common and we do our best to avoid this.

What happens after surgery?

- Your ankle will be in bandaging.
- You will have a surgical boot so you can weight-bear whilst protecting your foot, unless you have been told not to by your surgeon.
- You will be given crutches for support. Please use these as advised by your doctor.
- It is important to elevate (raise) your ankle as much as possible in the first few weeks after your surgery (see diagram below). We recommend you move your ankle as much as possible.

An example of good posture and elevation



How soon after my procedure will I notice a difference?

Once physiotherapy starts you should hopefully feel the difference, but it may take up to three months.

Will I have a follow-up appointment?

You should have your wound checked in clinic two weeks after your surgery. Depending on the type of surgery you had, you may have another appointment at six weeks.

When will my bandages be removed?

Your bandaging will be removed at your two week appointment and your dressings changed. At this stage you will be allowed to put your foot into a normal comfortable shoe.

If you had fusion surgery, for more information please ask a member of staff for a copy of the Trust's **Ankle and subtalar arthritis** leaflet. Or download a copy from the Trust web site www.ekhufft.nhs.uk/patientinformation

When will my physiotherapy begin?

Physiotherapy can start once your bandages have been removed, usually two weeks after your surgery. The physiotherapy appointment will be arranged from the day of surgery. We will try to arrange this at the Trust hospital nearest to you.

When can I start my normal activities again?

Once your physiotherapy begins, non-impact activities can be resumed.

No-one will be able to say when you can start driving again (it varies between patients), but you must be able to do an emergency stop. Please check with your insurance company before driving again.

When can I return to work?

This will depend on how much your work needs you to put weight on your affected ankle. If your work is sedentary (you mainly sit at a desk) and you can keep your foot elevated, you can return to work after two weeks. If this is not possible, and your job is more active, you should be expected to return to work after four weeks.

What are the risks?

As with any surgery there are risks, and these will be discussed in more detail when you speak with your surgeon. However, common complications include the following.

- You can expect **swelling** for up to 12 months, particularly in the evenings.
- The **position of your ankle and foot may not be satisfactory** after fusion. Although this is rare, it can be significant if it does happen and you may need further surgery.
- **Infection** rates are low, and antibiotics are given before any surgical treatment begins. However, if infection does happen this can cause significant problems. If you get a skin infection, this can be managed with antibiotics. If there is a deep infection, it may be necessary to remove all the metalwork and unhealthy bone, combined with a long course of antibiotics.
- **Nerve injury** can result in numbness or tingling across your foot area. This is usually temporary, but in a small number of cases it may become permanent.
- **Non-union** (when the bones do not join together successfully) can sometimes happen with fusion surgery. There is increased risk of this happening in smokers and it may result in pain if the metalwork then loosens. If you smoke we recommend that you stop before surgery and do not start again until the fusion has healed or, better still, quit altogether.
- Although rare, **metalwork can become noticeable through your skin** and cause pain from irritation. If this continues the metalwork may need to be removed.
- **Chronic Regional Pain Syndrome** can develop when the nerves around the operation site become overly sensitive. Swelling, skin changes, and stiffness can happen and can be debilitating. This is rare but if it does happen it is usually managed by a specialist in pain management.
- **Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)** is rare with this surgery. However anticoagulation medication is given after surgery to try to prevent clots forming whilst you are not able to move your leg. This is a preventative measure, but a clot can still form despite this.

What if I have any questions or concerns once I return home?

You can contact the team secretary through the hospital switchboard if you have any questions before your surgery.

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you are concerned and cannot get in touch with anyone go to your nearest Emergency Department.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation