

Ankle Arthroscopy

An arthroscope is a camera that is used to look into joints. It allows work to be done in the joint through very small cuts. Because of this the risk of infection is exceptionally low as are many other potential problems such as bleeding and nerve damage. It is also usually much less painful than a normal open operation and of course the scars are smaller.

Ankle arthroscopy is used for many procedures such as in the treatment of arthritis, osteochondral lesions (OLTs) of the talus, and general inflammation within the ankle.

Surgery is performed under general anaesthetic and is a day case procedure.

2 small incisions are made (1cm each) at the front of the ankle to allow the arthroscope and the instruments access to the ankle joint. Following the procedure, the tissues are stitched, and a wool and crepe bandage is applied.

Risks

All surgery carries potential risks. The risks are minimised by having the surgery meticulously performed by an expert in foot and ankle surgery. Risks include

Pain, swelling, and bruising - will occur to some degree following all foot and ankle surgery

Infection - A low risk (less than 1%)

Blood clots (thrombosis) - treatment to reduce this risk will be provided if required

Numbness - can occur over the top of the foot, usually improves over time

Stiffness - this improves over time and helped by physiotherapy

Scar sensitivity - can be improved with scar massage

Incomplete improvement - occasionally symptoms will be improved but remain present to a small degree. Recurrent injuries can also occur

Discharge advice following an ankle arthroscopy

Dressings

Your foot has been dressed with a wool and crepe bandage. This should not be changed until you are seen at your first follow-up appointment after 2 weeks. The dressing must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated for the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling, and this is eased by rest and elevation of the foot.

Walking

A physiotherapist will have shown you how to use crutches. Initially it may be sore to put weight on the foot but this will ease. As the pain reduces so you may take more weight on the foot. You will be able to move the ankle up and down with the bandage on.

Follow-up

You will be seen approximately 2 weeks following surgery and the dressings and sutures will be removed. Normally you will be able to stop using the crutches by this stage.

Driving

You should not drive a manual car for at least 2 weeks following surgery. If you have an automatic car and have only had the left foot operated upon then you may drive after 3-4 days.

Work

If you have an office based job then it may be possible for you to return after 2 weeks however it is often more advisable to return after 4-6 weeks. If you have a more physical job then it may take 8 weeks.

Recovery

It often takes 3 months for all swelling to resolve and so minor swelling late in the day is not unusual and should not be a cause for concern.

For more information please contact us:

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or visit www.bfaclinic.co.uk