

## **Ankle Arthroscopy - Information for Patients**

This leaflet tells you about the procedure known as ankle arthroscopy. It explains what is involved, and the common complications associated with this procedure. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

### **What is arthroscopy?**

It is the examination of the inside of a joint using a piece of equipment called an arthroscope. The arthroscope is a small flexible tube with a light and lenses on the tip. The arthroscope is inserted into the joint through a small cut (sometimes referred to as the keyhole technique). A very small video camera allows the surgeon to examine the inside of the joint, and to perform operations on the soft tissues and bone, including removing cartilage and inflamed soft tissue.

### **Why do I need this surgery?**

Arthroscopy of the ankle is usually performed after an injury that is not responding to physiotherapy, and where there is damage to the ligaments, lining or surfaces of the ankle. Patients suffering from repeated ankle sprains might experience a build-up of excessive scar tissue, causing pain and restricting the range of movement. Overuse or trauma can cause small pieces of bone within the ankle joint space, and arthroscopy can be used to remove these. Arthroscopy can also be used to treat arthritis by fusing the joint.

### **What does surgery involve?**

This procedure will only be carried out with your consent, and you will be asked to sign a consent form.

The procedure is usually carried out under a light general anaesthetic. Alternatively, an injection in the back or leg can be given to make the foot numb while the patient is awake. Your anaesthetist will advise you about the best choice of anaesthetic for you.

Fluid is injected into the ankle and cuts (about 3/8ths inch) are made at the front of the ankle at each side. These cuts are used to insert a camera and the instruments needed for the procedure. After any necessary treatment the ankle is washed out and the cuts stitched. The operation usually takes about 45 minutes.

### **How long will I be in hospital?**

If you are medically fit and have someone who can look after you after the operation then you may be able to have the ankle arthroscopy carried out as “daycase” surgery. This means that the patient is usually able to leave hospital on the same day.

If you have other medical problems such as diabetes, high blood pressure or asthma you may have to come into hospital the day before the operation, and stay overnight after surgery.

## Information for Patients

---

### **What are the risks associated with this procedure?**

Complications are uncommon during arthroscopy. Bleeding within the joint can occur, particularly if surgery is done during the procedure. The cuts may discharge some fluid and need two to three weeks to heal, requiring antibiotics to help the healing process.

The success rate of the surgery depends on the condition making the operation necessary, but varies between 60 – 95%. There is a small (1 in 600) risk of serious infection that can involve damage to the ankle joint. A common problem after this procedure is numbness over the top of the foot or outer toes, caused by stretching the nerves to gain access to the joint. The numbness usually gets better within two months, but occasionally people experience small areas of permanent numbness.

All keyhole surgical techniques involve delicate work with instruments very close to the surface of the joint. Occasionally some damage is done to the surface of the joint, although this rarely gives trouble to the patient. Vary rarely a surgical instrument breaks in the joint, requiring the joint to be fully opened up so it can be retrieved.

Rarely, a serious condition called compartment syndrome can occur if pressure builds within a muscle compartment (most commonly in the front of the calf or forearm). When this occurs, immediate medical treatment is needed to release the pressure.

Very rarely, death can occur from complications of general anaesthesia.

### **What are the benefits of having this procedure?**

By eliminating the need for large incisions arthroscopy reduces the risk of infection and swelling. It means that the smaller instruments used cause less damage to surrounding skin, ligaments, tendons and bony structures.

### **What are the alternatives to surgery?**

Non surgical treatment methods may already been tried and failed. Your doctor would not have suggested surgery unless they believed it was the best course of treatment. If you are concerned about having the procedure, or have any further queries, please speak to your consultant.

### **What can I expect after the operation?**

When you wake up your ankle will be in a padded bandage. Once you have recovered from the anaesthetic you can get up, walking on your ankle. It is important to start to move your ankle as soon as you can to prevent the muscles becoming weak and stiff. Before you go home you will see a physiotherapist who will check you are walking safely and explain what exercises you will need to do. The exercises are designed to help you regain movement and strengthen the ankle.

If possible the findings of the operation will be discussed with you before you go home, but this is not always possible. The ward staff will tell you any important message from the surgeon, and the findings of the procedure will be discussed in clinic.

You can remove the dressing three – four days after the operation. Keep the ankle dry for two weeks, you can take a shower but keep the wound dry using waterproof dressings. You will be given a tubigrip support to take home with you. Use this during the day, but take it off at night. The ankle will still be fairly swollen, bruised and stiff at this stage, so keep it elevated when not walking or exercising. If it gets very swollen, apply an ice pack for 10 – 15 minutes.

## Information for Patients

---

There will be some pain, but you will be given medication to control this. To help to prevent swelling after the operation you will need to keep your foot up. If the swelling of the foot or leg worsens when the foot is elevated above heart level you should speak to your doctor.

You will be given a special shoe to wear, and this should be worn at all times, including in bed at night. You will wear this shoe for around six weeks. After this you will wear an open toed type shoe/sandal with adjustable straps.

It is very important that you notify your doctor if you get an increase in pain when you go home, especially if the pain is not controlled by elevating your leg and taking mild painkillers, as this may be the first signs of an infection.

### What happens when I go home?

An outpatient appointment will be made for you to return to clinic after approximately two weeks to have your stitches removed. You will be given exercises to do after surgery, and these must be done to help to prevent stiffness of the toe.

When you first go home you must spend most of your time resting, with your foot lifted above heart level. When the foot is lowered you will initially experience swelling, and the foot will throb. As time passes the length of time you can keep your foot down without too much pain will increase, until two or three weeks after surgery when you should be able to keep your foot down most of the time.

### When can I go back to work?

This will depend on the work you do and how you get to work. If you have a job that is not affected by having your foot in plaster, and you could get to work, then you could probably go back to work a week after surgery. If you have a manual job you may be off work for up to three months. Your surgeon will advise you about going back to work.

### When can I drive?

Once your plaster has been removed you may be able to resume driving. You must be able to safely make and emergency stop or your car insurance will not cover you in the event of an accident. Ask your surgeon for advice on when it is safe for you to drive again.

### Contact Us:

If you are going to have an operation you may be asked to attend the hospital for a pre-operative assessment. Please ask our staff any questions you may have about your treatment. Alternatively, you can phone the main hospital switchboard on 0121 424 2000 and ask to speak to your consultant's secretary.

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

## Information for Patients

---

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616  
or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

