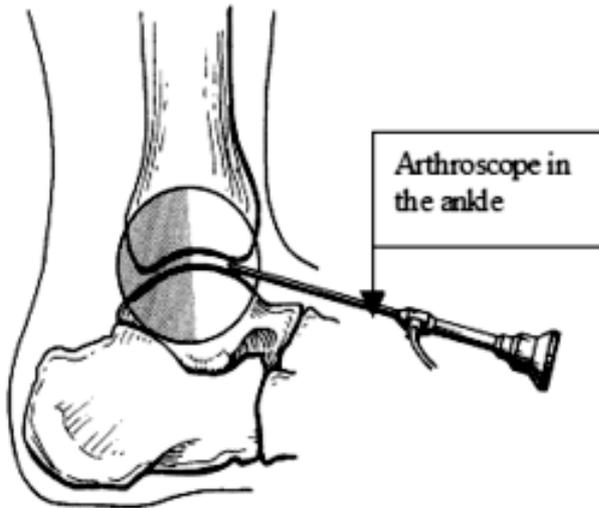


Arthroscopy (Ankle)



This is 'keyhole surgery', where a joint is visualised using a small (4.5mm or 2.7mm diameter) telescope (fibre optic camera) inserted through very small incisions called portals.

Using keyhole surgery a wide variety of procedures can be performed, from minor operations on cartilage to major joint reconstruction and fusion. This sort of surgery is commonly performed for chronic ankle symptoms following a sprain or injury. This is usually performed as day case surgery. It is usually performed through two small incisions at the front of the ankle (occasionally a further portal is required). Sometimes it is necessary to perform the operation through the back of the joint.

Recovery Facts

- You can expect moderate discomfort for a few days.
- You are encouraged to walk on the foot from the day of surgery.
- You will be provided with exercises to begin straight away by the physiotherapist who will see you following surgery.
- Crutches will be provided to assist you in walking initially.
- The bandages can be removed at 3 days to leave the simple dressings (sticky plaster) which should not be removed until the stitches are removed at 10-14 days.
- The wounds must be kept dry until the stitches are removed - showering /bathing still possible as long as dressings kept dry.
- Return to office work usually possible at one week post surgery but this depends upon the particular demands of your job and your travel arrangements to and from work.
- Driving is possible from 1 to 2 weeks following surgery usually but you must ensure that the ankle is sufficiently comfortable for safe operation of the pedals and you should inform your insurer before returning to driving. If in doubt wait until you are seen for removal of stitches before returning to driving.
- You can usually begin to return to sport once the stitches have been removed - gradually increasing your activity as your symptoms improve. Full return to sport would not be expected before six weeks following surgery.
- Some swelling may persist in the ankle for up to 3 months post surgery although usually this has resolved by six weeks following surgery.

Main Risks:

Nerve Damage - There are two small nerves (superficial peroneal and saphenous) either side of the ankle joint, near where the portal incisions are made. There is a small risk (5%) that one of these nerves is damaged. This will leave a patch of numbness over either the inside border of the foot or over the back of the foot. Usually this is temporary, but may be permanent.

Infection - Deep infection due to arthroscopic surgery is extremely unlikely. Published results show a risk of 1 in 300 or less. If this does happen, further surgery to wash out the joint will be needed, and a course of antibiotics. Minor wound infections are also rare, but can normally be treated with oral antibiotics.

Stiffness & swelling - Arthroscopic surgery causes much less soft tissue trauma than traditional open surgery. As such, stiffness and swelling tends to settle rapidly. In general, it is possible to walk on the joint immediately. There will be some discomfort mostly recovering in the first two weeks. Local anaesthetic placed in the joint at the end of surgery usually very effective in abolishing pain. By six weeks, one should be able to perform full activities unless otherwise instructed.

Post Operative Instructions

Arthroscopy (Ankle)

Day 1

- Foot wrapped in bulky bandage and surgical shoe
- Weight bearing on the operated ankle allowed in most cases
- Physiotherapist will provide exercises to perform
- Expect some numbness in the ankle/foot then moderate pain for 48 hours
- Blood drainage through the bandaging not usually expected and if this occurs then contact the hospital or your GP
- Usually you will be allowed home on the same day as the surgery
- Keep the bandaging dry

Day 3

- Reduce the bandaging (your GP practice nurse can help with this) to leave the simple dressings (adhesive dressings) in place
- Elevation is important during the first 3 days after surgery
- Keep the dressings dry until seen at 10-14 days for removal of the stitches
- Continue with the exercises provided by the physiotherapist

Day 10-14

- Your stitches should be removed
- Gradual return to normal activity including sports as tolerated

Week 6-8

- Further outpatient review to monitor progress
- Further outpatient appointments may be required subsequently for further monitoring of progress.

SEVERE PAIN, MASSIVE SWELLING, INFLAMMATION OR DISCHARGE SHOULD BE REPORTED TO YOUR SURGEON / HOSPITAL.

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

Other types of Arthroscopy

Subtalar Arthroscopy

This is performed to treat problems with the joint underneath the ankle joint and is performed through two incisions on the outside of the ankle. Occasionally it is performed through incisions at the back of the ankle. The sural nerve may rarely be injured which might leave a patch of numbness at the side of the hindfoot. This may be temporary but can rarely be permanent. Similar post-operative regime and expectations to that described above for ankle arthroscopy.

Metatarsophalangeal Joint Arthroscopy

This is arthroscopy of the 'big toe' joint and is performed for damage to the articular cartilage (OCD). It is performed through 2 or 3 incisions around the joint. The digital nerves may rarely be injured which might leave a patch of numbness at the side of the big toe. This may be temporary but can rarely be permanent. Similar post-operative regime and expectations to that described above for ankle arthroscopy.

Sick Leave

In general, 1-2 weeks off work is required but this depends upon your occupation.

Driving

Driving is possible from 1 to 2 weeks following surgery usually but you must ensure that the ankle is sufficiently comfortable for safe operation of the pedals and you should inform your insurer before returning to driving. If in doubt wait until you are seen for removal of stitches before returning to driving.

These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.

sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

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