



**Royal National  
Orthopaedic Hospital**  
NHS Trust



A patient's guide to

# Ankle Arthroscopy

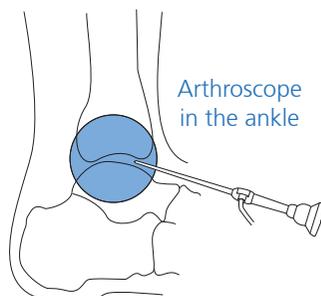
The foot and ankle unit at the Royal National Orthopaedic Hospital (RNOH) is a multi-disciplinary team. The team consists of three specialist orthopaedic foot and ankle consultant surgeons (Mr Singh, Mr Cullen and Mr Welck), specialist doctors in training, clinical nurse specialists, orthotists, physiotherapists and a physician assistant. All team members are specialised in foot and ankle care and work together to provide and deliver a quality service.

## What is an ankle arthroscopy?

An ankle arthroscopy is a procedure that involves making two or three small puncture wounds usually in front of the ankle. A small arthroscope (three to five millimetres in diameter) is inserted into the ankle allowing the surgeon to see and operate inside the ankle joint.

A number of different soft tissue and bony conditions can be treated arthroscopically, for example, the removal of bony spurs, loose bone fragments or shaving of soft tissue inflammation (synovitis). Success and recovery rates vary depending upon the specific condition being treated and will be discussed with you prior to surgery.

Ankle arthroscopy is usually carried out under general anaesthesia, either as a day case or in some instances as an overnight stay in hospital.



## Benefits of surgery

To reduce pain/discomfort and improve function, for example, walking and sports.

## What to expect after an ankle arthroscopy

Following the procedure, a padded bandage will be applied. You will usually be advised to remove the outer bandages (but not the wound dressing) about 72 hours following surgery. The puncture wounds will have a stitch in place – this is to keep the edges of the incisions together. Stitches are removed in clinic about 14 days following the procedure. It is common for the joint to become inflamed following the arthroscopy. It is advisable to elevate the leg and limit the amount of walking for two weeks following the procedure, then gradually increase as you become more able. After some procedures, a cast may be applied to rest the ankle for two weeks following the surgery; crutches may be required for a short duration.

## Important post-operative advice

**Gently** mobilise the ankle as soon as able (this prevents stiffness and strengthens muscles). A physiotherapist may assess walking and explain exercises that are effective to aid recovery. Refer to the end of the leaflet for an exercise regime.

**Wound(s)** must be kept dry for up to two or three weeks following the procedure. Keep wound sites covered. A mepore dressing will be in place following the procedure. However, it is possible to take a shower after 48 hours providing a waterproof dressing is applied. Avoid taking a bath.

**Driving** – manual cars can be driven usually seven days following an arthroscopy if the ankle feels comfortable. Automatic cars may be driven sooner if patients have undergone surgery on the left ankle only. It is important to be able to perform an emergency stop. You **MUST** notify your insurance company of the procedure that has been undertaken to ensure that your cover is valid.

**Sport** – gentle activity can often be resumed approximately six weeks after an arthroscopy. Competitive sport such as football, rugby or squash may take longer but it also depends on the type of surgery carried out. Ask for advice from your clinical nurse specialist.

## Follow the RICE regime

**R** – rest when able. Returning to work will depend on your type of employment, the procedure that you have undergone, individual circumstances and speed of recovery. Those who have an office or sedentary type of employment will usually be able to return to work within seven days of the procedure taking place. Those whose employment involves long periods on their feet may be absent from work for four weeks.

**I** – ice. Apply an ice pack. This may help reduce swelling and assist with pain relief. It is important to protect the affected area with a towel prior to application; often a bag of frozen peas is very effective. When the wound has healed and stitches removed. Fill a bowl with water, add some ice cubes and submerge your ankle in this (do not leave your ankle for longer than 10 minutes). This may be repeated up to four times a day.

**C** – compression in the form of a tubigrip support can be worn during the day. It provides support to the ankle and it also helps reduce post operative swelling. The tubigrip must not be worn at night.

**E** – elevate when able. It is advised to keep the affected area above groin level as this helps to significantly reduce swelling. Anti inflammatory pain relief such as nurofen, ibuprofen combined with paracetamol is effective. Ask for advice from your doctor before taking any medications.

## Risks of surgery

**Infection** – there is a small risk (1 in 600). This is increased in patients who are diabetic, suffer from rheumatoid disease and those who smoke. The surgeon may decline to perform surgery unless you refrain from smoking.

**Scarring** – any type of surgery will leave a scar, occasionally this may be painful and inflamed.

**Numbness or tingling** – this can occur on top of the foot as a result of minor damage to small nerves. Often it is temporary; however, numbness or a sensitised area can be permanent.

**Blood Clots** - deep vein thrombosis (DVT) or pulmonary embolus (PE) are rare. Please inform the team if you have had a DVT or PE before or if you have a family history of clotting disorders.

You will be given an antibiotic stocking to wear on your other leg and daily blood thinning injections while your leg is in plaster.

**REPORT SEVERE PAIN, MASSIVE SWELLING, EXCESSIVE NUMBNESS OR PINS AND NEEDLES.**

## Exercises

1. Sit with your operated leg straight out in front, put a belt round the foot.

Gently pull the belt until a stretch is felt in your calf. Hold for 20 seconds and then relax.

Repeat 10 times, three to four times per day.

2. Place a rubber exercise band around your foot. Push your foot away using the band as resistance, slowly return to your starting position.

Repeat 10 times, three to four times per day.

3. Place a rubber exercise band around your foot. Pull your foot up towards your body using the band as resistance then gently return to your starting position.

Repeat 10 times, three to four times per day.

4. Place your heel on the ground and turn your foot inwards (as if to look at the sole of the foot).

Repeat 10 times, three to four times per day.

5. Place your heel on the ground and turn your foot outwards (as if to look at the outside of the foot).

Repeat 10 times, three to four times per day.

**Report any excessive pain, swelling, redness or discharge to your General Practitioner or contact the foot and ankle team.**

If you would like this leaflet translated into another language/large print, please contact the Quality Team on 020 8909 5439.

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