Patient Information for Consent

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OS34 Arthroscopy of the Ankle

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What is an arthroscopy of your ankle?

An arthroscopy (keyhole surgery) allows your surgeon to see inside your ankle using a camera inserted through small cuts on your skin. Your surgeon can diagnose problems such as damage to the joint surface or ligaments, and arthritis (see figure 1). They may be able to treat some of these problems using special surgical instruments, without making a larger cut.

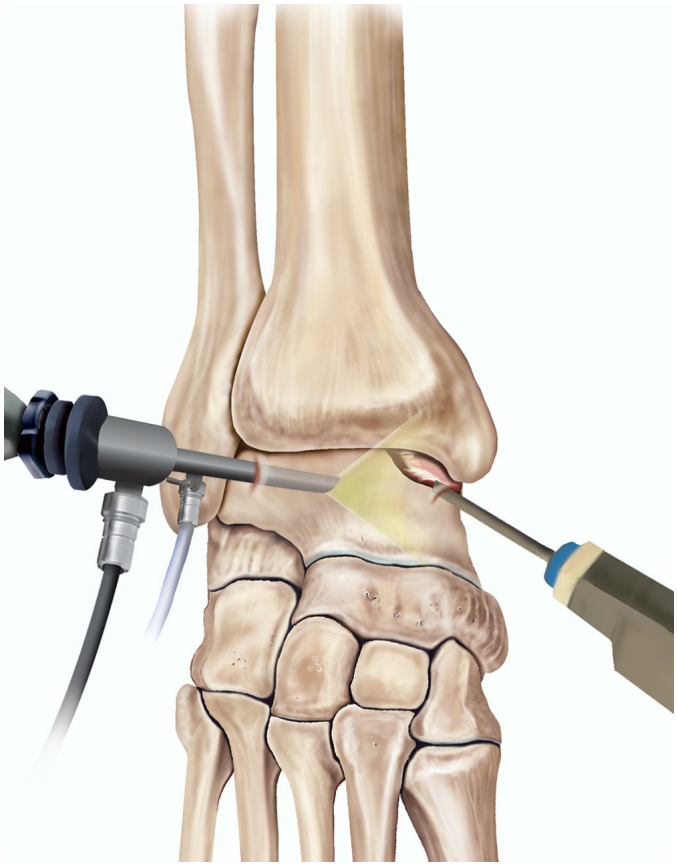

Figure 1
An arthroscopy of the ankle

Your surgeon has recommended an arthroscopy of your ankle. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

The aim is to confirm exactly what the problem is and for many people the problem can be treated at the same time. The benefit of keyhole surgery is less pain afterwards and, for some people, a quicker recovery.

Are there any alternatives to surgery?

Problems inside your ankle can often be diagnosed using a magnetic scan (MRI scan) but you may then need an arthroscopy to treat the problem.

Your surgeon will discuss with you if you need a scan before the arthroscopy.

What will happen if I decide not to have the operation?

Damage inside your ankle does not usually heal without treatment, although sometimes your ankle will become less troublesome with time or after a course of physiotherapy.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

The operation usually takes 30 to 45 minutes.

Your surgeon will examine your ankle ligaments while you are under the anaesthetic and your muscles are completely relaxed. They may take x-rays of your ankle to check for ligament damage. They will insert a small camera through one or more small cuts around your ankle.

Your surgeon will examine the inside of your ankle for damage to the joint surfaces and ligaments. They will wash out any loose material caused by wear of the joint surfaces. Your surgeon will remove any spurs of bone or swelling of the lining of your ankle joint. Your surgeon will close your skin with stitches or sticky strips.

If you have torn your ankle ligaments, you may need a reconstruction operation. This is a larger procedure that usually needs a larger cut. Your surgeon will discuss this with you beforehand.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. Your surgeon may inject painkillers into your ankle to help reduce the pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. This can cause a small lump under your wound that usually settles within a few weeks. If you get a lot of blood in your knee (a haemarthrosis), it will be swollen and painful (risk: 1 in 100). You may need another operation to wash the blood out.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Unsightly scarring of your skin, although arthroscopy scars are usually small and neat.
- Infection of the surgical site (wound) (risk: 1 in 75). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Compartment syndrome, where the calf muscles swell and get tight caused by fluid escaping from your ankle during the operation. You may need another operation to make a cut on your leg to relieve the pressure.

- Infection in your ankle joint (risk: 1 in 300). You will usually need another operation to wash out your ankle, and a long course of antibiotics. Infection can cause permanent damage.
- Severe pain, stiffness and loss of use of your ankle (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your ankle can take months or years to improve. You may be able to reduce this risk by taking a 1g vitamin C tablet each day for 6 weeks after the operation.
- Damage to nerves around your ankle, leading to weakness, numbness or pain in your ankle or foot (risk: 1 in 25). This usually gets better but may be permanent.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually be able to get up as soon as you have recovered from the anaesthetic. You may need crutches to start with.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches removed or dressings changed.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities.

You will have a bandage on your ankle which you should leave in place for 2 to 3 days. It is common for your ankle to be a little swollen for a few weeks.

Your surgeon or the physiotherapist will tell you how much weight you can put on your leg and if you need to use a walking aid. Walking can be uncomfortable and you may need to take painkillers to help relieve your pain.

The physiotherapist will show you some exercises to help you to move around and improve your muscle strength.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery and can return to normal activities.

Your surgeon will be able to tell you if you are likely to get further problems with your ankle or need more surgery in the future.

Summary

An arthroscopy allows your surgeon to diagnose and treat some common problems affecting your ankle, without the need for a large cut on your skin. This may reduce the amount of pain you feel and speed up your recovery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
Reviewer: Mr Stephen Milner DM FRCS (Tr. & Orth.)
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