

Ankle arthroscopy

This leaflet answers your questions about having an ankle arthroscopy. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital. If you have any questions, please speak to a doctor or nurse caring for you.

What is an ankle arthroscopy?

Arthroscopy is an operation on a joint which is done using keyhole surgery. An instrument containing a video camera is inserted into the ankle to look inside, and small instruments are used to treat the problem. This allows the surgeon to help understand what is wrong with the ankle and, sometimes, treat the problem.

What happens during an ankle arthroscopy?

It can be done as a day surgery procedure unless you have other significant medical problems that mean you may need to stay in hospital overnight. You will usually have a general anaesthetic (be asleep). The ankle is examined and the muscles are relaxed. The ankle is gently pulled apart and fluid injected. Small incisions (cuts) are made to allow the camera and any instruments to be inserted into the ankle. These are usually at the front of the ankle. The inside of the ankle is viewed using the camera and any necessary treatment is done. The ankle is cleaned out and the cuts are stitched.

Why should you have an ankle arthroscopy?

Ankle arthroscopy is done when an injury to the ankle fails to settle. It may help make a diagnosis, but you will often have a scan first. Problems such as arthritis and inflammation can be helped with arthroscopy, and it can be used to repair damaged tissue and cartilage or remove loose bodies (small loose fragments of cartilage or bone). It is also used to take small tissue samples (biopsies), which can help with diagnosing things like infections.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself.

In most cases you will have a general anaesthetic. You will be able to discuss this with the anaesthetist before surgery and they will identify the best method for you. For more information about this please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

The main surgical risks are listed below. The full list of risks will be explained by the surgeon treating you.

Numbness. The most common problem is numbness over the top of the foot or outer toes. This is because the cuts are close to the nerves to these areas. The nerves are pushed aside and may get stretched during surgery. Numbness normally recovers within 2 months, but a small number of patients have a small patch of permanent numbness.

Infection. The incisions usually heal within 2 weeks, but may leak a small amount of fluid. In a very small number of cases (less than 1 in 100 patients), the wounds may become infected and need antibiotics.

Joint damage. Sometimes damage is done to the surfaces of the ankle joint during arthroscopy. Patients rarely have any symptoms from this.

Ongoing pain and stiffness. 85 out of 100 patients will find their level of pain has improved. However, 15 out of 100 patients find that their pain continues and may get worse over time. The ankle may remain stiff. It is unlikely that the operated ankle will ever be as mobile as your other ankle, even after surgery.

Deep vein thrombosis. A clot in the leg, which can travel to the lungs, is a very rare but serious risk of ankle surgery. We take care to reduce the chance of this happening.

Arterial damage. A small artery which can be damaged during surgery runs in front of the ankle. This is rare and unlikely to have long-term consequences but may need more surgery.

Are there any alternatives?

Managing the pain with painkillers, or living with the pain are alternatives. Sometimes a steroid injection can help.

How can you prepare for an ankle arthroscopy?

Please refer to one of the following leaflets which will provide all of the information you need before your operation:

- **Having surgery at Guy's and St Thomas' Hospitals**
- **Having an anaesthetic**

If you do not have a copy, please ask us for one.

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You will need some time off work after the surgery. This will be at least 2-3 weeks, but longer if you have a manual job. Your surgeon will discuss this with you. We advise you speak to your employer before surgery to make plans.

Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

Will you feel any pain?

There will be some pain after the surgery. During your operation, local anaesthetic may be injected into your ankle to reduce the pain after the operation. You will be given painkillers to take home. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak painkillers.

It is important that you continue to take painkillers as advised after your surgery. If you have little or no pain you may not need to take the tablets.

If your pain does not settle, you can be reviewed at your scheduled outpatient appointment, or you should seek further advice and management from your GP. You can also contact the clinical nurse specialist (contact details at the end of this leaflet).

What happens after an ankle arthroscopy?

The day of your surgery

When you have recovered from the anaesthetic, normally you can get up and walk with crutches. You will be given a special sandal to wear. If any treatment has been performed on your ankle during the arthroscopy, we may ask you to reduce the weight you place on the ankle.

Most patients can go home on the same day as the surgery. Your ankle will be heavily bandaged to protect it and to reduce the swelling. The gauze bandage which is applied in the operating theatre will stay on for 2 weeks. There will be no plaster cast. You must keep your ankle elevated (raised) when you are sitting down. Do not get your bandage wet.

What should you do after you go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, please follow that.

Days 1-7 after surgery

The local anaesthetic in the joint will start to wear off the day after surgery, so you will need to start taking painkillers. You should keep the ankle elevated when not walking or exercising for the first week. Whenever the foot is put down, it will swell and become sore. It is normal to see mild bruising and some dry blood on the foot. By the end of this week the post-operative pain should be significantly reduced.

If surgery was on your left ankle and you have an automatic car you can start driving within a few days. It will be 3 weeks before you can drive if surgery was on your right ankle or you have a manual car.

Days 8-14 after surgery

Continue to elevate your foot and ankle as much as possible. You may walk short distances within your home or to a car from this week. In week two you can start working from home and possibly return to work but you must try and keep the ankle elevated. If you have a heavy manual job it may be one month before you can return to work.

You will be seen in the outpatient clinic about 2 weeks after your operation. This appointment will be made for you. At this time the wounds will be checked and any stitches removed. The findings during surgery may be explained and any treatment plans discussed.

Physiotherapy may be arranged if necessary but many people do not need it and can exercise on their own. Simple ankle exercises will be shown to you at this appointment. Stiffness of the ankle can be prevented by regularly doing the exercises at home, 3 times a day. Bring a soft shoe with you to this appointment, and you can wear this instead of the sandal.

Days 21-28 after surgery

You should remove all the remaining wound dressings at home, by soaking the dressings and taking them off in the shower or bath. You should apply skin emollient (moisturiser) around the healing wound. Once the wound is completely healed, you should apply the moisturiser over the wound as well.

Continue to perform the exercises, increasing the frequency to 6 times each day. You may go swimming if the wound is dry and healed. Low-impact gym work, such as an exercise bike, can be started.

At this stage, your foot and ankle may still be swollen.

You can start driving at this point, however, the Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car. You should contact your doctor or the DVLA if you are concerned about this. Motor insurance companies vary in their policies. It is best to discuss your circumstances with your insurance company to make sure that you are covered.

5-6 weeks after surgery

You may have another appointment to see your consultant in clinic. If they are happy with your progress you may be discharged at this point.

3-6 months after surgery

Your foot and ankle may continue to be swollen for up to 3 months after surgery.

Return to sporting activities will depend on the damage to your ankle which caused you to need surgery, and on any other treatment done during the operation. You will need to gradually increase your activity levels when you begin sport again. It may take several months to return to your normal sporting activity level.

You are advised not to fly within 12 weeks of foot and ankle surgery due to the increased risk of blood clots.

When to seek help

If you experience any of the following symptoms, please contact your GP or go to your nearest Emergency Department (A&E):

- increasing pain
- increasing redness, swelling or oozing around the wound site
- fever (temperature higher than 38C).

If you have an infection at any time during your recovery, either suspected by you or diagnosed by your GP or an Emergency Department doctor, please contact your consultant's secretary, **t:** 020 7188 4443.

Contact details

If you have any questions or concerns about ankle arthroscopy surgery, please contact the following, Monday to Friday, 9am-5pm.

- The clinical nurse specialist. Call the hospital switchboard, **t:** 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse specialist directly.
- Your consultant's secretary, **t:** 020 7188 4443

Please contact your GP or go to your local Emergency Department if you have any urgent medical concerns outside these hours.

For more information leaflets on conditions, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111 **w:** www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch. **t:** 0800 731 0319 **e:** members@gstt.nhs.uk

w: www.guysandstthomas.nhs.uk/membership

Leaflet number: 3773/VER3

Date published: October 2020

Review date: October 2023

© 2020 Guy's and St Thomas' NHS Foundation Trust
A list of sources is available on request