

ANTERIOR ANKLE ARTRHOSCOPY

The ankle joint can be affected by several conditions which may require investigation or treatment with ankle arthroscopy. A common cause of ankle pain is excessive scarring or synovial proliferation in the ankle joint after an injury. Ankle arthroscopy is a minimally invasive way to address these problems. In addition, ankle arthroscopy can be used to debride or remove injured cartilage such as osteochondral lesions, loose bodies, to shave intra-articular osteophytes (spurs) and as an adjunct to other procedures, such as ankle stabilisation or arthrodesis (fusion).



The Surgery:

You will need to have a general anaesthetic and local anaesthetic. Antibiotics are administered intra-venously. We mark the subcutaneous sensory nerves with a skin marker in order to avoid injuring them. The ankle joint is examined thoroughly with a small camera (arthroscopy) through two 'keyhole' incisions at the front of the ankle. I am looking for cartilage damage and inflammed synovial tissue (synovitis) or scarring, or bone spurs that can be removed through these keyholes using a small burr. Pictures of the procedure are saved or printed. The skin is carefully closed and a bandage is applied.

Post-Operatively:

You should have your foot elevated on 1-2 pillows to reduce swelling. The local anaesthetic will provide you with pain relief (and may make your foot or toes temporarily numb), but you may need to take medication as well. You will generally be able to go home on the same day and you will be safe to ambulate as soon as you feel comfortable. You should minimise walking until the wounds are healed (10-14 days). You may need to take medications for pain relief. You may need to have physiotherapy depending on the findings. Below is an estimate of your recovery, it will depend on your diagnosis.

Activity	Timeframe (approximate)
Walking with CAM boot	0-2wks
Physiotherapy	2 - 6wks
Full Recovery	3 mts

Type of Activity	Time-frame
Walking	Immediately
Driving (right ankle)	2 weeks
Running	6 weeks
Sport	8 weeks

Risks of surgery

All surgical procedures carry some risk. The risk of complications with ankle arthroscopy is low. Most patients benefit from surgery. A small number of patients <u>do not improve</u> or <u>are made worse</u>. You should weigh up the benefits with the risks prior to electing to have surgery.

This is a list of the most common problems which can occur:

- Stiffness reduced range of movement of the ankle joint, this can rarely be severe due to scarring (arthrofibrosis)
- Swelling is normal and improves with time, but can occasionally persist past 6 months
- Wound healing problems increased if smoking, diabetes, poor circulation
- Nerve injury resulting in numbness or pins and needles, occasionally pain
- Bleeding usually just visible through the dressing, may need the bandage or dressing changed
- Infection minimised with antibiotics, elevation, keeping the dressing clean and dry
- Pain which may require strong medication (usually Paracetamol is adequate)

These are quite rare complications, but they can and do happen:

- Arthrofibrosis severe stiffness due to excessive scarring, also known as 'frozen ankle', this is very rare
- Complex regional pain syndrome (CRPS) nerve pain syndrome, risk reduced with Vitamin C 500mg daily for 40 days
- DVT clot in the deep veins of the leg (increased if smoking, contraceptive pill, hormone replacement or previous history)
- Anaesthetic complications more likely if there are pre-existing medical disorders

