

## **Dr Sarah Watts - Ankle arthroscopy**

### **Introduction**

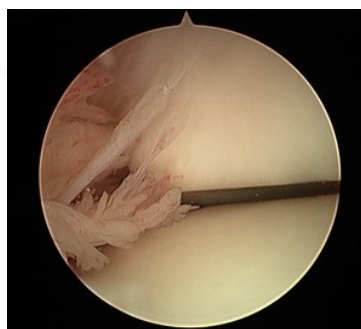
Ankle arthroscopy is “keyhole surgery” to access the ankle joint. It is done with a small video camera, designed to look at the joint from the interior. Special arthroscopic instruments are also used to perform the procedure.

### **Indications**

Arthroscopy can be done for diagnostic or therapeutic circumstances.



Loose body



Synovitis



Ankle spur

It is indicated in circumstances such as

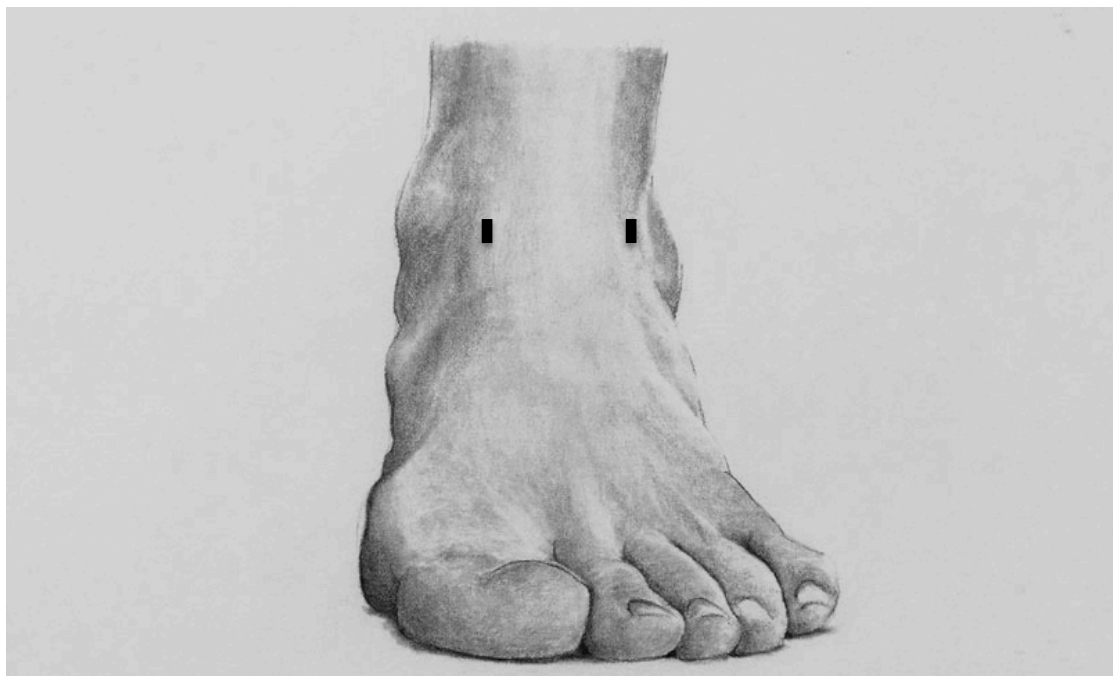
- Diagnosis of joint problems
- Removing a loose body
- Removal of synovitis
- Removing impingement tissue or spurs
- Assessment of the joint or ankle syndesmosis
- Treatment of osteochondral injury
- Treatment of fracture.
- As part of an ankle ligament reconstruction procedure
- As part of an arthrodesis (fusion) procedure

### **Procedure**

Under a **general anaesthetic**, the ankle will first be examined. This is very important, as it can give an indication of how insecure the ankle really is, without muscle tension. It can also help identify if there is muscular tightness.

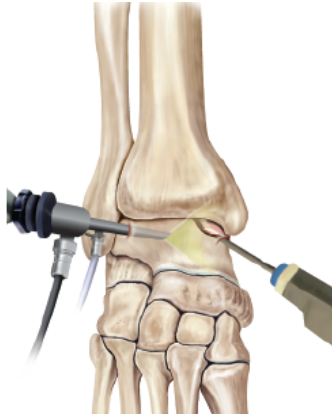


The leg is then prepared for surgery. This involves positioning the leg in a safe position, use of a tourniquet, the “prep and drape” and sometimes a special halter strap.



Firstly, an amount of sterile fluid will be instilled in the joint. Two small incisions (“portals”) are made in either corner of the joint. These are usually between 0.5cm and 1 cm long. (marked in black in the illustration above) ) Some people need a third incision, nearby, or sometimes at the back of the ankle.

Arthroscopic camera and instruments can be inserted through the portals, to access the joint and perform the surgery. One inside the joint, the entire surface is inspected, and the necessary procedures performed. The joint is washed out, and sutures are placed to close the portal incisions. Usually the incisions are injected with some long-acting local anaesthetic, so you are comfortable in the recovery period.



## **Post operative**

This procedure is usually performed as day surgery.

You will wake up from the operation with soft bandages on your ankle. There are dressing stickers (primapore) under the bandage that cover your wounds. You do not need a plaster or a moon boot. Usually you can walk on your ankle straight away, but it will feel a bit tender and sore. It usually feels tight, puffy and swollen. Some people prefer the assistance of crutches for a few days, if they are not confident.

Dr Watts will usually discuss your operation outcome at your first appointment. It is not usually discussed in the recovery area, because when you are still slightly sedated, the chance of remembering the conversation properly is not good. Alternatively, if you wish Dr Watts to contact a family member, after the operation, to discuss the outcome, just let her know beforehand. She can phone them after surgery.

You will be given a five-day supply of strong post-operative medication.

Then outer bandages can be removed by the second or third day. Keep the stickers over the wounds intact. If the stickers fall off, replace them with another similar dressing or large size bandaid.

It is fine to walk on your ankle, and do circular exercises and movements. (See handout on post operative exercises!) It is normal for your ankle to be bruised, swollen and sore for a few more weeks. If it gets too uncomfortable, try a period of rest and elevation, or an ice pack. Of course there is the medication you have been prescribed. Plain panadol and nurofen (as directed) is also a good option.

Dr Watts will see you for follow up 10- 14 days after surgery. She will examine your wounds and ankle, and discuss the outcome of your operation. Any further treatments you require will be arranged. If you need physiotherapy will be prescribed at this stage. Most patients have one more follow-up appointment, after the first post-op appointment, to make sure that everything has settled down.

