Ankle Arthroscopy and Follow-Up Physiotherapy

Exceptional healthcare, personally delivered
Following your consultation with a member of the Foot and Ankle team you have agreed that you might benefit from an operation called arthroscopy of your ankle joint.

This may be performed as a diagnostic procedure or in conjunction with other procedures.

This leaflet aims to give you information about the procedure and what to expect after the surgery.

Please ask your surgeon if you have any further questions as this information is to act as a reminder of the advice that your consultant and physiotherapist have given you.

Ankle arthroscopies may be performed for a number of reasons. Depending on your particular problem, your rehabilitation time scale may vary.

**What is an arthroscopy?**

An arthroscope is a small thin telescope for looking inside a joint. It is less than 5mm wide and contains a fibre optic light system and a number of small lenses. When attached to a miniature television camera it allows a surgeon to look inside your ankle joint through very small incisions about 1cm long (so called “keyhole surgery”). The operation is usually performed under general anaesthetic but can be done by a regional anaesthetic that just numbs the legs.

**What can be done?**

An arthroscopy can be performed just to look inside your ankle joint to see what is causing your symptoms (diagnostic). More commonly the arthroscope is used in conjunction with other small specialist instruments that are introduced into the joint through other small incisions. Using the arthroscope the surgeon can guide these small instruments and perform a number of procedures. These include washing out fluid or tissue debris, removing or reattaching loose fragments, removing or breaking down scar tissue and drilling or grafting defects in the joint surface. Possible operations range from minor procedures through to major procedures such as fusing a worn out ankle joint.
How long will I be in hospital?
This depends on what was done during your arthroscopy and on your general health. The procedure involves an anaesthetic and most patients can go home the same day. If you have had more major surgery you may need to stay for several days. You will need to use crutches until you can walk normally and be comfortable without them (unless otherwise instructed). You will not be discharged until the physiotherapy or nursing staff are happy that you are able to move around safely.

How long will I be off work?
Most people return to office type work after 2 weeks.
People with more physically strenuous jobs may need longer. Driving short distances is usually possible within a week.
For advice following other procedures such as ankle fusion or stabilization; please see specific patient information leaflets and ask a member of the team.

Driving
Driving short distances is usually possible within a week.
Do not drive until you have full pain free ankle movements and feel you are able to drive safely, (i.e. perform an emergency stop safely and effectively).
If you have more complicated surgery at the same time please follow the advice given by your consultant specific to you and your operation.
How to manage after your surgery:

Swelling

Your ankle may swell for a couple of weeks or even longer after your operation. To prevent this, sit with your foot up on a stool or similar and ease off any strenuous activity. Using ice can help to reduce swelling.

To apply ice, sit with your leg up. Wrap some crushed ice (e.g. a bag of frozen peas) in a damp towel and place on your ankle. Remove after 20 - 30 minutes. Do not apply ice directly to the skin. It is recommended you apply ice every 2 hours for up to 10 days post op. Do not use ice if you don’t have normal feeling in your leg. Protect wounds and keep them dry.

Walking

Your physiotherapist will issue you with a walking aid and give you guidance as to how long to use this. Please return your walking aids when you have finished with them.

- Place both crutches forward and place operated leg in between them.
- Lean on the crutches taking the weight with your arms and hands, and step forward with the unoperated leg.

Walking Up Stairs

- Stand close to the stairs and hold onto handrail (if possible) with one hand and the crutch in the other hand.
- Step up with your unoperated leg first.
- Then step up with your operated leg to the same step and bring the crutch up to the step. Always go one step at a time.
**Walking Downstairs**

- Stand close to the stairs, hold onto the handrail with one hand and the crutch in the other hand.
- Put your crutch down one step first.
- Step down with your operated leg.
- Then bring your unoperated leg onto the same step. Always do one step at a time.

**Standing and Sitting**

**Standing up:** Hold the crutches in one hand, push on the chair with your other hand, stand up predominantly using the unoperated leg and place crutches in position.

**Sitting down:** Stand predominantly on unoperated leg, hold both crutches in one hand, reach back for the chair with the other hand as you sit down.

**Ongoing Rehabilitation**

Your physiotherapist will refer you on for outpatient physiotherapy if it is appropriate. The physiotherapy department will contact you with an appointment once you have returned home.

**Early Exercises**

It is essential that you practice the following exercises until you are seen in clinic. The exercise programme should be repeated 5-10 times at least 3 sets per day, in order to:

a) Continue to improve range of movement.

b) Increase strength.

c) Improve balance.

Start them within 24 hours of your surgery.
The following 5 exercises will be taught in hospital:

1. Pull your foot up towards your body at the ankle, as far as you can.
   Hold for 5 seconds then point your foot down away from your body.
   Hold for 5 seconds. Repeat 10 times.

2. Turn your foot inwards as if to look at the sole of your foot.
   Repeat 10 times.

3. Turn your foot outwards as if to look at the sole of your foot.
   Repeat 10 times.
Sitting with your foot flat on the floor. Alternately raise your heel then your toes. Repeat 10 times.

Sit on the bed with your legs straight and your feet resting against a firm object. Push your toes into the object, as if to try and push the object away. Feel the muscles of your calf tightening. Repeat 10 times.

**Progression Exercises**
As part of your on-going rehabilitation, your outpatient physiotherapist will progress you on to the following exercises:

Stand. Walk on your toes. Progressively make the time longer.
Stand.
Walk on your heels.
Progressively make the time longer.

Stand on a step with both heels over the edge. Hold on to a support.
Let the weight of your body stretch your heels towards the floor.
Repeat 10 times.

Stand on a step with both heels over the edge. Hold on to a support.
Raise your heels by pushing through your toes.
Repeat 10 times.
To help retrain your balance, stand on your operated leg for up to a minute at a time.

What can go wrong?

All operations have a risk of complications but fortunately they are uncommon after ankle arthroscopy (less than 2 in 100 cases) and usually minor.

You will have an anaesthetic which, even using modern techniques, still carries a very small risk. The risk varies depending on your general health.

Possible complications of an arthroscopy include:

- Sensitive or numb scar.
- Bleeding into the joint.
- Infection.
- Blood clot or venous thrombosis.
- Nerve or blood vessel injury.
- Damage to the joint.

The most common problem, though still unusual, is a patch of numb skin or sensitive scar due to damage to the small nerves running in the skin. This normally settles gradually, but can take several months.

Infections usually only involve the area of the wound but can spread to involve the joint. Most infections settle after a short course of antibiotics but some require a further arthroscopy to
wash out the joint. This is rare.

Blood clots in the veins or lungs are very unusual. Certain types of oral contraceptive (the “pill”) may increase this risk and may need to be stopped 6 weeks before your surgery. Always discuss this before your operation. If you are on the pill you must inform your surgeon or a member of their team.

We hope this leaflet has answered any questions you might have. If you have any further queries please feel free to discuss them with any of the medical or nursing staff either in the clinic or on your arrival in the ward.
References


NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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