

# ANKLE ARTHROSCOPY

The ankle is made up of two joints: the *true ankle joint* and the *subtalar joint*. The true ankle joint consists of a “roof” (tibia and fibula), over the talus or dome shaped bone. The true ankle joint allows for the up and down motion of the foot. The subtalar joint is under the ankle joint, and consists of the talus and the calcaneus (heel) bones. This joint allows for side-to-side motion of the ankle. There are many ligaments supporting the joints of the ankle:

- *Syndesmotoc ligaments* (eg anterior tibiofibular ligament), connects the roof (the tibia to the fibula)
- *Lateral collateral ligaments* (ATFL, CFL) which provide the ankle with lateral stability
- *Deltoid ligament* which provides the ankle with medial stability



It is these components of your ankle, along with the muscles and tendons of your lower leg, which work together to handle the stress your ankle receives as you walk, run and jump. The many ligaments supporting the ankle joint are frequently injured, with ankle sprains being extremely common in the community.

An ankle arthroscopy can be performed for the treatment of joint inflammation (synovitis) after an

ankle sprain, assessing and treating joint surface damage (eg microfracturing or drilling into holes in the talar dome – known as *Osteochondral lesions*), removal painful ankle spurs, or boney bodies. Bone lesions such as an Os Trigonum causing impingement at the back of the ankle can also be removed via a posterior ankle arthroscope.

## NON OPERATIVE MANAGEMENT

Non-surgical treatments for an ankle sprain include rest, ice, compression, and elevation (RICE). 85% of ankle sprains will resolve uneventfully. Oral analgesia and non-steroidal anti-inflammatory drugs, as well as physiotherapy are other treatment options for ankle problems. Sometimes a cortisone injection under ultrasound can treat ongoing inflammation.

## OPERATIVE MANAGEMENT

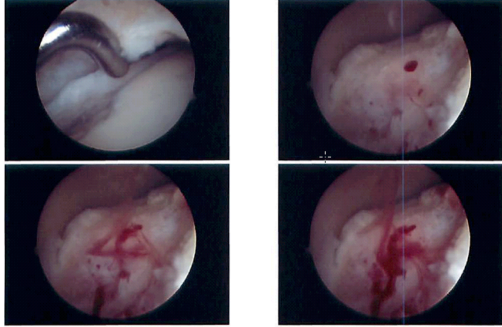
An ankle arthroscopy can be both diagnostic, where a problem within the joint can be diagnosed, and corrective where problems in the joint are treated.

Ankle arthroscopy is performed by making small puncture wounds around the ankle which allow for the arthroscope (small camera) to be inserted, enabling the surgeon to view inside the joint and operate. The small incisions allow for a faster recovery time, less scarring, fewer complications, and earlier mobilisation.

Conditions affecting the front (anterior) and back (posterior) of the ankle and the subtalar joint on the side, can be treated via arthroscopy. Sometimes, all three areas can be examined arthroscopically in the one operation.



*Anterior ankle spur*



*Osteochondral lesion talus & Microfracture*



*Os trigonum treated with posterior ankle arthroscope*

## POST-OPERATIVE MANAGEMENT

You may be able to weight bear as tolerated with crutches after the operation. Continue to use the crutches until you are comfortable walking without them. You will have a dressing around your foot and ankle after the surgery that must remain clean and dry for until the sutures are removed at your postoperative appointment. Often the dressing is de-bulked after three days and the outer layers are replaced by an elastic dressing (tubigrip) although the inner sticky dressing on the skin is left in tact until the wound review. If the sticky dressing comes off prior to your postoperative review, then carefully replace them with a band-aid.

Ankle arthroscopy is usually performed as a day procedure therefore most patients will be able to go home the same day as the surgery. Please continue to elevate your leg as much as possible whilst you are at home resting and use ice packs to reduce swelling.

Local anaesthetic will be administered at the end of your arthroscope which should give good pain relief for 6-8 hours after your operation. Be sure to keep up regular oral analgesia after your procedure especially for the first few days after your arthroscope.

## COMPLICATIONS

No surgery is risk free however in general, risks are low in ankle arthroscopy. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, bleeding, blood clots and anaesthetic problems with lower limb surgery and measures are taken to reduce these. A small number of people may experience local nerve damage resulting in numbness of the overlying skin. This is usually temporary however in some cases it may be permanent. Scar sensitivity and stiffness can be minimised using massage desensitisation and early mobilisation. Rarely, excessive swelling can cause the pressure in the muscle compartments to build up. If you have severe pain, inability to move your toes or worsening pins and needles, then please contact your surgeon immediately.

## RECOVERY TIMES

Hospital stay	Day
Rest & elevation	14
Crutches/Frame	days
	1 – 2
	weeks
Time off work	
- Seated	2
- Standing	weeks
- Lifting/Carrying	2 - 4
	weeks
	4 - 6
	weeks
Foot swelling	12
	weeks
Result times (pain relief & function)	6
- Good	weeks
- Better	3
- Best	months
	6
	months

**This brochure is a brief overview of the surgical management of ankle arthroscopy and not designed to be all-inclusive.**

**If you have any further questions, please do not hesitate to contact your surgeon.**