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## **Ankle Arthroscopy** (page 1 of 3)

An ankle arthroscopy involves making 2 small cuts usually in front of the ankle. A small camera (known as an arthroscope) is then put into the ankle which enables the surgeon to see and operate inside the ankle joint.

Arthroscopy can be used to treat a variety of different soft tissue and bony conditions. For example it be used to remove bony spurs, loose bone fragments or debridement (removal of damaged tissue). Success and recovery depends upon the specific condition being treated. Your surgeon will discuss this with you before your operation.

Ankle arthroscopy is usually carried out under general anaesthesia, as a day case, and you will be able to home the same day.

### **Benefits of surgery**

The aim of the surgery is to reduce pain/discomfort and improve how your ankle works.

### **Risks of surgery**

**Infection** – there is a small risk of infection. This is increased in patients who are diabetic or have rheumatoid disease and in those who smoke. Patients who smoke will be advised to stop smoking before the surgery and signposted to available help.

**Scarring** – any type of surgery will leave a scar, sometimes scars may be painful and inflamed.

**Numbness** – this can happen on top of the foot as a result of minor damage to small nerves. Often it is temporary; however, numbness or an area which is more sensitive can be permanent.

**No improvement in symptoms** – as with any type of surgery there is a small risk that it will not improve your symptoms.

### **What to expect after an ankle arthroscopy**

It is common for the joint to become inflamed after the arthroscopy. We advise you to raise the leg when you are sitting and limit the amount of walking for the first 2 weeks, then gradually increase as you become more mobile. Other procedures carried out during the arthroscopy may make it necessary to restrict the amount of weight you put through your operated ankle. You will be advised on this both before and after your operation.

You can use ice packs to help reduce swelling and assist with pain relief.

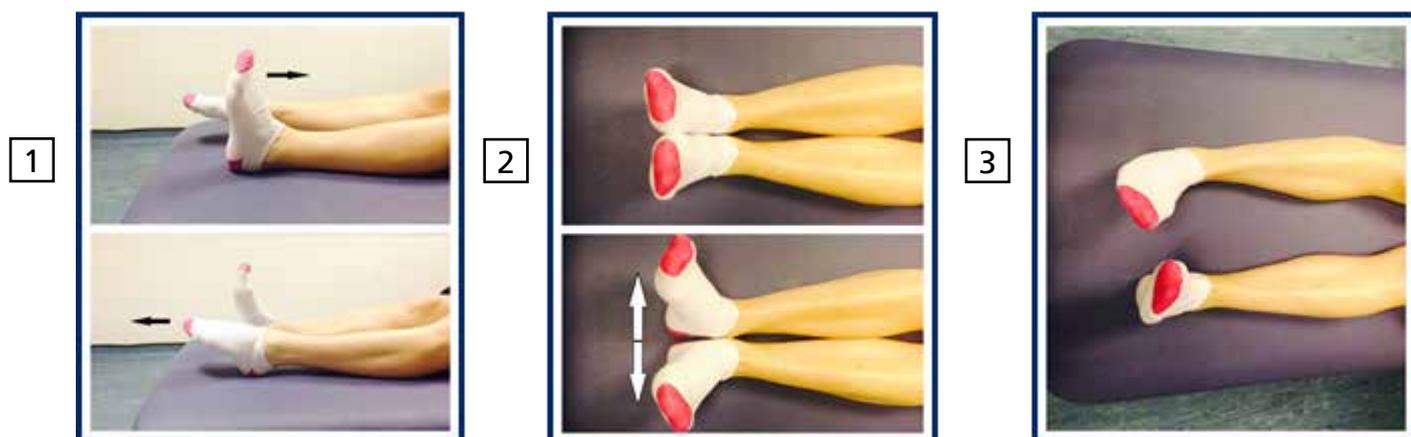
It is important to protect the affected area with a towel before you do so; often a bag of frozen peas is very effective.

Gently move the ankle as soon as able (this prevents stiffness and strengthens muscles). A physiotherapist may assess your walking and explain exercises that will help your recovery. You will also be referred to your local Outpatient Physiotherapy department for further guidance on your recovery.

## Exercises

Ankle and foot range of movement exercises. Repeat these 10 times each.

1. Point your foot up and down as far as you can without pain or discomfort. You can use a towel or belt to pull your foot towards you to stretch your calf. Hold the stretch for 20 seconds.
2. With your heels together, move your toes apart.
3. Make circles with your foot in one direction and then change direction.



## Wound care

After your operation, a padded bandage will be applied and a dressing will cover the incisions. The nurses will tell you when to remove the outer bandages, but not the wound dressing. This is usually about 48 hours after surgery. The puncture wounds will have a stitch in place and need to be removed about 14 days after the procedure. Your stitches can be removed by your GP practice nurse.

You must keep your wound(s) dry for up to 2 or 3 weeks following the procedure until your stitches are removed and all scabs are dry. Keep wound sites covered until this time. You can take a shower after 48 hours providing a waterproof dressing is over the wound. Avoid taking a bath.

## Getting back to normal

**Work** - Returning to work will depend on the type of work you do, the surgery you have had, your circumstances and how fast you recover. If you have an office or sedentary type of employment you will usually be able to return to work within 7 days after surgery as long

as you are able to keep your elevated at work. If your employment involves long periods on your feet you may need take up to 4 weeks off work to allow your ankle to heal properly.

**Driving** – you can usually drive a manual car 7 days after an arthroscopy as long as your ankle feels comfortable. You can drive an automatic car sooner if you have only had surgery on the left ankle. You must be able to perform an emergency stop. You **MUST** tell your insurance company about the surgery you have had so that your cover is valid.

**Sport** – you can resume gentle activity approximately 6 weeks after an arthroscopy. Competitive sport such as football, rugby or squash may take longer but it also depends on the type of surgery carried out. You should discuss this with your consultant.

Report any excessive pain, swelling, redness or discharge to your GP or contact the foot and ankle team:

Orthopaedic outpatients on ext 2441 or

The foot and ankle consultants' secretary on ext 3536