



## Operation Information

### Arthroscopy of Ankle

#### Introduction

Arthroscopy is a type of minimally invasive surgery that is used to diagnose and treat problems inside joints. It is mostly performed on the knees, ankles, shoulders, elbows, wrists and hips. Arthroscope is a thin, metal tube about the length and width of a drinking straw that contains a light source and a camera. Images are sent from the arthroscope to a video screen or an eyepiece, so the doctor can see inside the ankle.

#### Indications for diagnostic ankle arthroscopy

- Unexplained ankle pain, swelling, stiffness, instability, and mechanical symptoms such as locking and popping

#### Indications for therapeutic ankle arthroscopy

- Articular injury or soft tissue injury
- Bony or soft tissue impingement syndrome
- Arthrofibrosis
- Joint instability
- Loose bone or fracture
- Inflammations, e.g. synovitis, tendinitis
- Osteophytes
- Osteochondral defects



Source:  
<https://www.foothdoctormelbourne.com.au/ankle-arthroscopy-melbourne>

#### Outcomes

The expected outcomes of this operation are determined by different indications. It is commonly used to make diagnoses and allow the doctor to treat certain ankle conditions. Some potential advantages over traditional, "open" surgery may include:

- less pain after the operation
- faster healing time
- lower risk of infection

#### Procedures

1. The operation is performed under general or spinal anaesthesia.
2. Several small incisions are made on the foot near the ankle.
3. An arthroscope and fine instruments are inserted through the small incisions.
4. The diagnosis is made or the problem is remedied with the aid of an arthroscope.
5. The wounds are closed and covered with sterile waterproof dressings.

#### Possible Risks and Complications

1. Swelling, bruising, and stiffness usually improve weeks after the procedure.
2. Infect inside the joint <1%
3. Bleeding inside the joint <1%

4. Deep vein thrombosis < 1%
5. Damage to the nerves near the joint <1%

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform your doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. No food or drink six hours before the operation. (For general anaesthesia only)
4. Nursing staff will assist you in cleaning the skin and performing shaving if necessary.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Cryotherapy and elevation can reduce pain and swelling of the affected leg.

#### **Wound**

1. The wound is covered with a sterile dressing. Keep the wound dry and clean. Follow the doctor's and nurse's advice on wound care.
2. Stitches will be removed or dissolved in 3 weeks.

#### **Diet**

Diet is allowed gradually after recovery from anaesthesia. (Please follow doctor's instruction)

#### **Activities**

Restriction and allowance of physical activities vary depending on the condition of the patient and the procedure performed.

1. Early mobilization is always encouraged as it enhances recovery after surgery. Please follow the doctor's advice to resume light activities gradually.
2. Elevating the affected leg for a few days can help reduce swelling and pain.
3. An immobilizing cast or splint may be needed for the first 2 weeks. Later, the boot or splint is discarded and a compression stocking and a supportive brace are provided. Walking aids may be needed in this period.
4. Weight-bearing is allowed as tolerated, which is usually 3 weeks after a soft-tissue procedure and about 6 weeks after a bony procedure.
5. Sports activities may be resumed 6 weeks after the procedure. Depending on the patient's condition, it may be withheld for several months.

## **Advice on Discharge**

1. Please comply with the medication regime as prescribed by your doctor.
2. Your wound may be still covered with waterproof dressing when discharged. Do not remove it until you are told to do so. Please keep the dressing clean and dry.
3. During your recovery you will likely lose muscle strength in the injured area. Specific exercise will restore normal muscle strength, joint motions and flexibility. Therefore, please follow your physiotherapist's advice to continue exercise.
4. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain, massive bleeding, drainage pus, loss of feeling and sensation at the surgical site, cold or paleness of the toes, cough, shortness of breath, chest pain, fast heartbeat, shivering, high fever over 38°C or 100.4°F, etc.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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