

Ankle Arthroscopy

Information for patients

This information sheet answers some of the questions you may have about having an Ankle Arthroscopy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is an arthroscopy?

An arthroscopy – or ‘keyhole’ surgery – is a way of doing operations without having to make large cuts. It causes less discomfort and you usually recover much more quickly.

The surgeon makes a number of very small cuts (portals), about 3-5mm long, through which they put specialised instruments. The number and the position of these cuts vary and they often heal with little scarring. The instruments enable them to operate in a small space and to see the procedure on a large TV screen.

Why do I need surgery?

If non-surgical treatment (conservative management) does not work, your consultant may recommend you have surgery to confirm a diagnosis, or relieve pain in soft tissue (where soft tissues around the ankle are pinched or nipped) and arthritic conditions.

Surgery can be used to remove the excessive scar tissue and small loose bodies (fragments of cartilage or a bone) that form as a result of injuries to the ankle, and repair small fractures or cartilage damage.

What are the benefits?

Ankle arthroscopy is a technique that has advantages over open surgery in that the wounds are smaller and the healing times are reduced as there are no large wounds to heal.

The specific benefits of a procedure will depend exactly on the condition your ankle is being treated for. Your surgeon will explain this to you.

Some benefits include:

- Conformation of diagnostic assessment
- Pain relief
- Improving ankle range of motion
- Improving stability (stopping your ankle giving way)
- Improving functionality

Treatment options are increasing and can help in reducing your pain and improving your ankles functionality.

What are the risks?

- Infection: this is a risk after any operation but it is not common after this type of surgery.

Symptoms to look out for include:

- increasing pain under your wound and around it
- increasing redness in the area around your wound
- a foul-smelling discharge from your wound
- a temperature of 38° C (100.4° F) or more.

If you think your wound has become infected, please contact your GP straight away. You may need antibiotics and to come back to hospital to have more surgery.

- Damage to nerves or blood vessels: is rare and probably a small patch of altered sensation. If you continue to bleed, you may need another operation.
- Nerve and vessel damage: this is a very rare complication. If this happens – for example, you may have a small patch of skin that feels different – it may settle over time. Very occasionally you may need surgery, for example, to repair a damaged blood vessel.
- Deep vein thrombosis (DVT): this is where a blood clot forms in one of the main blood vessels in your leg. This is very rare. Gentle walking after your surgery will help to prevent it. But if you have a painful, swollen leg, chest pain or you start to get short of breath, please go to your GP or local Emergency Department immediately.
- Recurrence: sometimes symptoms come back over time or there may be ongoing pain or stiffness. We may advise you to change sports or daily activities to prevent this; your surgeon will advise you.

Are there any alternatives?

This depends on your condition. Please speak to your consultant for more information.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.

Who can I contact with queries and concerns?

Please contact a member of your consultant's team for more information.

Do I need to prepare for surgery?

Before your operation you will have a pre-assessment appointment with one of our nurses. They will carry out some screening tests which may include blood tests, MRSA swabs and an electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

You will be given information such as:

- when to stop eating and drinking in the hours before your operation
- whether you should stop taking your usual medications before going into hospital
- what to bring with you into hospital.

What happens before surgery?

We usually give you a general anaesthetic for this procedure as well as a local anaesthetic in your ankle, to help keep you comfortable when you wake up.

What happens during surgery?

Your surgeon will make two small cuts either on the front or back of your ankle, depending on your condition. In one cut they will put in a camera or arthroscope and in the second an instrument such as a probe, a shaver to remove scar tissue, or a burr that can remove excess bone. At the end of the procedure they will stitch (suture) your wounds.

How long does surgery take?

It usually takes 30 - 60 minutes.

What happens after surgery?

As you had a general anaesthetic you will go back to the ward for at least one hour because you will feel drowsy and need time to recover.

You usually have this procedure as a day case and can go home the same day, so sometimes we will advise you to stay in hospital the night of your operation.

If you go home the same day, you will need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.

We put dressings over your wounds and a thick bandage around your ankle. Depending on the surgery you have had, you may need crutches and be in a cast for about three-six weeks. We will tell you how much weight you can put on your operated ankle after surgery.

When you go home you may need someone to help you until you are fully recovered and able to get about on your own.

Follow –up appointment

We will see you 14 days after surgery, to take out your stitches and to check your wounds.

Depending on your condition, your surgeon may start your physiotherapy programme early on and ask you to do stretching exercises at home. Most people start physiotherapy after they visit their surgeon at their follow-up appointment

Caring for your wounds

Keep your foot raised to ease swelling and help the wounds to heal. Using ice or cold packs can also help, but these must not be placed directly on the wound, as this could lead to wound problems and tissue damage.

You can take off your bandage three-five days after surgery, and use a double folded elasticised bandage (Tubigrip) to protect the wounds. But in both cases, you must keep the dry dressings on for 10 - 14 days, until your stitches are removed. You may also be able to start moving your ankle, depending on what your surgeon has advised you. It is usually safe to shower after this time, as long as you change the dressing afterwards.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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For more information, visit www.kingshealthpartners.org 