

## Ankle Arthroscopy

### What is it?

Arthroscopy is an operation on a joint which is done by a “keyhole” technique. An instrument which contains a video camera is inserted into the joint to allow examination of the inside. By using specially designed probes and instruments, the surgeon can also do some treatments to the inside of the joint.

### Why would it be done?

Arthroscopy of the ankle is usually done after an injury which is failing to settle and where there is evidence of damage to the ligaments, lining or surfaces of the ankle. It is also a good way to remove loose fragments from the inside of the ankle. Sometimes it is done to assess the severity or extent of arthritis, or to treat arthritis by fusing the joint. If it is done for an injury, a scan of the ankle may be done first to alert the surgeon to what may be found inside the joint.

### What does it involve?

The ankle is first examined carefully with the leg relaxed. Special X-rays may be taken. Traction is applied to the ankle. Usually this is done with a special strap around the foot and leg.

Fluid is injected into the ankle. Cuts are then made at the front of the ankle, one at each side. Occasionally another cut is required at the back of the ankle. Each cut is about 1cm (3/8 inch) long. Through these cuts, a camera and instruments are inserted into the ankle. The whole of the inside of the ankle is examined and any necessary treatment carried out. The ankle is then washed out and the cuts stitched with a single stitch each.

Occasionally it may be necessary to make one of the cuts bigger to get a larger instrument into the ankle. This is usually predictable in advance and your surgeon will have discussed it with you before the operation.

### Can it be done as a day case operation?

The operation can be done on a day case basis. However, if you have other medical problems such as diabetes, asthma or high blood pressure, you may have to be admitted the day before and stay overnight after surgery.

### Will I have to go to sleep (general anaesthetic)?

The operation is usually done under general anaesthetic (asleep). In addition, local anaesthetic may be injected into your ankle while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

Discussion with your anaesthetist on the morning of your surgery will confirm this.

### Will I have a plaster on afterwards?

No plaster is required. We want you to start exercising your ankle as soon as possible.

## What will happen afterwards?

There will be a bulky dressing round your ankle. When you have recovered from your anaesthetic, you can get up, walking freely on your ankle. We try to discuss the findings of your operation with you before you go home, but if you have not recovered by the time the surgeon leaves the hospital, or if you are ready to go home before the surgeon is free, the ward staff will simply tell you any important message from the surgeon and the findings will be discussed in clinic. Please note that you have had a general anaesthetic, you may not remember what is said to you and so it will all be repeated in clinic.

You can remove the dressing three to four days after the operation and start exercising your ankle, using both up-and-down and side-to-side movements (you will be given advice on this before leaving hospital).

The ankle will still be fairly swollen, bruised and stiff at this stage, so you should keep it up when not walking or exercising. If it gets very swollen, you can put some ice on it for 10 to 15 minutes.

You will be seen in the outpatient clinic 10 to 14 days after your operation. Your ankle will be examined. The findings of your arthroscopy will be discussed with you and any further treatment that is necessary will be arranged. Physiotherapy is often prescribed at this stage, but many people do not need it and can exercise on their own. If no further treatment is required and your ankle is healing well, you may be discharged from further follow-up at this appointment, or a further check-up may be arranged.

The stitches are usually made of dissolving material and dissolve after three to four weeks without needing to be removed. If you have trouble with them, contact Tel: 0300 131 4500 and ask for the Orthopaedic Clinic for either Conquest Hospital or Eastbourne Hospital.

## How soon can I...

### Walk on the ankle?

You can walk on the ankle immediately you have recovered from your anaesthetic. It may be quite sore for a few days and some people need crutches to take some of the weight off their ankle. Almost everyone can walk fully weight-bearing on the ankle within a week.

### Go back to work?

If you are comfortable and your work is not too demanding, you could go back to work within a week. However, if you have a heavy manual job, or have had extensive surgery within the ankle, you may not be able to go back for a month - please discuss this with your surgeon.

Please note: If you have had an arthroscopy of your knee before, the recovery from an ankle arthroscopy takes about half as long again as a knee procedure.

### Drive?

If you have an automatic car and are comfortable, you could drive within a couple of days of the operation. Otherwise, you can drive about one to two weeks after surgery, depending mainly on your comfort.

### Play sport?

As you recover from your operation, you can gradually increase your activity, determined by comfort and the amount of swelling and flexibility in the ankle. Start with walking and cycling, then light running. Make sure your foot and ankle are fairly flexible before moving to twisting or

impact activities, and make sure you can turn and jump comfortably before returning to contact sports.

Your return to sport will also depend on the damage to your ankle which caused you to have surgery in the first place, and on any other necessary treatment. As this operation tends to be done for problems following an injury, this is an important factor in recovery for many people.

All other things being equal, most people will get back to their previous level of activity in two to three months.

## What can go wrong?

### 1. Numbness

The commonest problem after an ankle arthroscopy is numbness over the top of the foot or outer toes. This is because the cuts are made close to the nerves to these areas, and the nerves have to be pushed aside to get access to the joint. Although this is done very carefully with an instrument, sometimes this stretches the nerves and they stop working. Usually this numbness recovers within two months, but approximately 1 in 50 people have small areas of permanent numbness.

### 2. Infection

Although uncommon, infection is a serious complication. You can help reduce the risk of infection by keeping the wounds clean and dry until they have healed, stopping smoking before surgery and keeping the foot elevated to reduce swelling. If infection does occur you may need further surgery to wash the joint out and several days of intravenous antibiotics.

### 3. Wound discharge

The cuts usually heal up quite quickly, but a few discharge some fluid and take two to three weeks to heal. Usually dressing the wounds carefully is all that is required to get them to heal; sometimes antibiotics are needed too.

### 4. Joint Damage

All keyhole surgical techniques involve delicate work with fine instruments very close to the surface of the joint. Occasionally some damage is done to the surface of the joint, although this is rarely any trouble to the patient.

### 5. Continued Pain

15% of patients find that their pain continues and may get worse over time.

## How can I prepare for surgery?

It is important to prepare for an operation to reduce the risks of complications. You should stop smoking, do some exercise, eat healthily and prepare for the phase after surgery. Fruit, vegetables and protein help wound healing. There is information about how to do prepare at: <https://www.cpoc.org.uk/patients>.

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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## Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net).**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

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## Reference

The following clinicians have been consulted and agreed this patient information  
Henry Willmott, Consultant Orthopaedic Surgeon

The clinical specialty/unit that has agreed this patient information leaflet:  
Diagnostic, Anaesthetic and Surgery – Orthopaedic

Next review date:           October 2026  
Responsible Clinician:     Consultant Orthopaedic Surgeon