

ANKLE ARTHROSCOPY - POSTOPERATIVE INSTRUCTIONS

Ankle arthroscopy is a minimally invasive surgery that orthopaedic surgeons use to diagnose and treat conditions in the ankle joint without making larger incisions (cuts) in the skin and tissue. Patients who have ankle arthroscopy typically experience lower levels of pain after the procedure, a faster recovery, a lower chance of infection, and a shorter hospital stay.

Ankle arthroscopy might be recommended for patients experiencing the following ankle problems:

- Cartilage injuries - if you've suffered cartilage injuries, a surgeon can diagnose and treat your condition.
- Impingement - tissues in your ankle can become inflamed and painful from overuse. Surgeon can remove the source of the pain.
- Synovitis - when the lining of the joint becomes inflamed. The damaged tissue can be removed arthroscopically.
- Arthritis - patients with end-stage arthritis may need an ankle fusion. In some cases, ankle fusion can be done by arthroscopy.
- Loose bodies - "loose bodies" refer to fragments of detached cartilage or bone that may be present inside the joint. These fragments can be effectively removed through arthroscopy.
- Unexplained ankle symptoms - during arthroscopy, surgeon may diagnose conditions that were not detected by imaging tests.
- Infection - in certain situations, septic arthritis or joint space infection can be addressed using arthroscopy as a treatment option.

SURGICAL PROCEDURE

Ankle arthroscopy requires general or regional anesthesia such as a nerve block (see Nerve block section). To perform the surgery, two small incisions are made in your ankle to insert the arthroscope and other pencil-sized instruments. The arthroscope comes equipped with a camera that sends images to a monitor, enabling the surgeon to view the inside of your ankle joint. Sterile fluid is injected into the joint to expand it and improve visibility. After inspecting the joint, the surgeon will proceed with repairing the damaged tissue. In some cases, additional incisions may be necessary for proper repair.

Once the surgery is complete, the incisions will be closed with stitches and covered with a dressing. A splint or a boot is often applied. On average, ankle arthroscopy takes around 60 to 90 minutes.

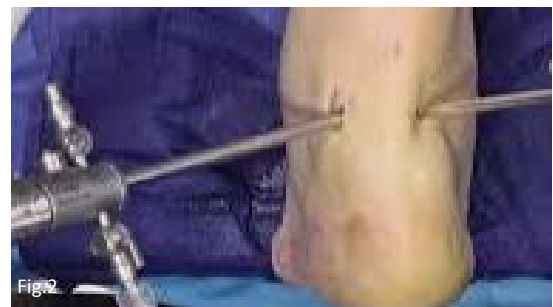


Fig.1 and 2- Ankle arthroscopy

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HOSPITAL STAY/ DISCHARGE

At the end of the surgery, you will be taken to the recovery room. This also may be called the post-anesthesia care unit (PACU). You will notice a dressing over the ankle, and you may be wearing a splint/boot. Medical staff will monitor your vital signs, pain level, and the need for medications. You might receive antibiotics and pain medication, as well as medication to prevent blood clots.

Ankle arthroscopy is typically done as an outpatient procedure, meaning you can go home on the same day of the surgery. However, it's important to note that **you'll need someone to drive you home.**

If you received a nerve block, numbness and loss of function may persist for several hours postoperatively. It is likely that you will be going home with a numb foot/ankle and sometimes the entire leg. However, you will only be discharged once the hospital staff is confident that it is safe for you to go home. Anyway, it's a good idea to have someone stay with you for 24 hours after your operation.

RECOVERY

It is normal to experience pain and swelling after surgery. Your surgeon may recommend elevating your leg, taking oral pain medication, and applying ice for a few weeks. The duration of your recovery and whether you can put weight on your leg right away or wait for a few weeks will be determined by the type of surgery you had and the advice of your surgeon.

After your surgery, your dressing will remain in place until you have a follow-up with your surgeon. If needed, sutures will be taken out in 1-2 weeks. Your surgeon will determine when you can start activities like range of motion and ankle exercises, as well as if you need physiotherapy.

AT HOME

SWELLING CONTROL

- First and foremost, it is important to keep swelling down during the first few weeks after surgery. Plan on doing nothing more than resting and elevating your limb. This will also help you manage your pain and improve wound healing.
- Elevate the foot/ankle above the level of the heart. Elevation is achieved by placing several pillows under the entire lower limb from the heel to the thigh.
- Swelling in your foot/ankle can last for several months after surgery. You will be encouraged to elevate your foot. When out of the splint, move your ankle as directed by your physiotherapist and apply ice to reduce swelling.

ACTIVITY/SELF-CARE

- To help manage your pain and swelling elevate your foot/ankle (see Swelling control section), take pain medication as prescribed and use cold therapy as directed (see Cold therapy section).
- Your dressing will be left in place until follow-up with your surgeon, and sutures will be removed around 14 days after surgery.

Footbridge Centre for Integrated Orthopaedic Care Inc.

Unit 221, 181 Keefer Place t: 778-945-6756
Vancouver, BC V6B 6C1 f: 778-945-6775

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ACTIVITY/SELF-CARE

- If non-weight bearing was recommended, you must use a walking aid (crutches, walker, knee scooter, wheelchair). Talk to your physiotherapist who will help you choose the option that best suits you.
- Even if you are allowed to put weight on your foot, it is advisable to utilize a walking aid for a few days for your comfort.
- If a splint was applied, it will be removed on the first post-operative visit and you might need a walking boot.
- Wiggle your toes several times an hour to maintain circulation.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

WEIGHT BEARING

- Weight-bearing status can vary from being able to put weight on the leg right away to not being able to do so for several weeks. It will depend on the surgery that was performed and the needs of each patient.
- Your doctor will inform you about your weight-bearing status.
- Whether or not you need a walking device, you should start by taking short walks. This will prevent further swelling and pain.

PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and rest are essential in pain management.
- The usual regimen we use is a combination of acetaminophen and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- Strong painkiller (hydromorphone, codeine, oxycodone, etc) has been prescribed, so don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.
- **IF HAVING A NERVE BLOCK: it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).**

WOUND CARE/ SHOWER

- If a splint (or boot) was applied, it should remain in place until your follow-up appointment at Footbridge Clinic.
- You can shower, but you must keep your splint dry and covered. You may place a large plastic bag over the leg and secure it with tape. You may also purchase a waterproof leg cast cover.
- If non-absorbable sutures or staples are used, they will be removed at the 2-week postoperative visit.

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BLOOD THINNERS

- During your hospital stay may be given to you oral or injectable blood thinners but you may not need them after hospital discharge. Follow your doctor's prescription.

COLD THERAPY (ICE THERAPY)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned (**IF HAVING A NERVE BLOCK**).
- The ice pack must be large enough to cover the front area of the foot/ankle.
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

NERVE BLOCK

- A nerve block can last anywhere from a few hours to over 36 hours, but usually this is between 12-24hours.
- Once the nerve block begins to wear off the weakness starts to improve and you may experience pain or a tingling sensation. At that time consider taking your pain medicine. Do not wait until the pain gets strong to take the medication.
- If you still feel numb at bedtime on the night of surgery, your nerve block could wear off in the middle of the night. It is recommended to take your pain medication before going to sleep, even if you have no pain or discomfort so that you won't wake up in severe pain.
- **Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**

PHYSIOTHERAPY

The goals of physiotherapy are:

- Gait instruction with the use of the walking aid.
- Helping you return to the hobbies and activities that you enjoy.
- Gait training to ensure safety and to normalize pattern as weight bearing is allowed.
- Maintain range of motion of foot and ankle.
- Strengthen leg and thigh muscles.

Our **Physiotherapists** at **Footbridge** work closely with your **Surgeon** and are very familiar with the post-op rehabilitation process. Typically, formal Physiotherapy will begin after your first post-operative visit; if you'd like to do your **Physiotherapy at Footbridge** it can be booked at that time.

There is often benefit to doing one or two **pre-operative Physiotherapy sessions** to prepare for your surgery; if you'd like to schedule an appointment you can do so online or by calling **Footbridge**.

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DRIVING

- You should not drive until you have normal function of the foot/ankle and you are cleared by your doctor.
- Avoid driving if you still need to wear a walking boot.

RISKS and COMPLICATIONS

Despite having a high success rate, complications can occur. Some complications may require follow-up operations.

- Risks associated with anesthesia
- Infection
- Wound-healing problems
- Permanent numbness
- Injury to nerves, blood vessels, cartilage and ligaments about the foot/ankle
- Blood clots
- Missed diagnosis
- Broken instruments in the joint
- Other: depending on your medical condition

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green.

Contact Footbridge **Wound Care Resource line: 778-945-6756, Ext 8** if:

- Pain on your CALF, BACK OF KNEE, THIGH or GROIN.
- Increased swelling on the operated thigh, knee or leg.
- Body temperature above 38 Celsius/101 Fahrenheit.
- Increased warmth, redness, and swelling around the wound.
- Increased fluid leaking from the wound.

CALL 911 if:

- **You have trouble breathing.**
- **You have chest pain.**
- **Anyone noticed that you lost consciousness.**

