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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Ankle Arthroscopy

Trauma and Orthopaedics

Your Consultant / Doctor has advised you to have an ankle arthroscopy. The aim of surgery is to help to confirm a diagnosis and / or to perform an operation inside your ankle joint, using arthroscopic instruments.

What is an ankle arthroscopy and how is it done?

Ankle arthroscopy is normally a day case procedure. Your surgeon makes two small incisions (cuts) to the front region of your ankle joint and a thin needle-like camera is inserted through one of the incisions. This allows your surgeon to view and assess the internal structures within your ankle joint through a T.V. monitor, set up in theatre. Delicate surgical instruments can be inserted through the second incision, enabling your surgeon to carry out any additional surgical procedures within your joint.

Ankle arthroscopy is sometimes carried out to make a diagnosis and then any further treatment can be undertaken at a later date, if needed. In some cases X-rays are taken of your ankle while you are under the anaesthetic, to check how effective your ligaments are.

What are the risks of having an ankle arthroscopy?

All surgical procedures carry risks of wound infection and delayed wound healing. Damage to the small nerves around the operated area can also occur, which may result in numbness and / or painful scarring.

Often procedures are undertaken to try to improve your pain, but this is sometimes unsuccessful and pain may continue and may even increase.

Are there any alternative treatments available?

As this surgical procedure is also usually carried out to aid diagnosis, there are currently no alternative procedures available to achieve an accurate diagnosis, although X-rays and MRI scans are helpful. If you choose not to proceed with surgery, your surgeon may recommend conservative treatments to help control your symptoms if appropriate, such as orthotics, steroid injection, pain relief etc.

What will happen if I don't have any treatment?

If you choose not to receive treatment, it is likely that your condition and symptoms will progress further.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

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You will be given an opportunity to discuss the anaesthetic and associated risks with your anaesthetist before your surgery.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

Getting ready for your operation

- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, what the operation involves and that you are happy to proceed. At any time you can decide to withdraw consent, even if you have signed the consent form.
- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You may also see a physiotherapist who will assess you with regard to your present condition and exercise regime following surgery.

The day of your operation

- You will come into hospital on the day of your operation.
- Please bring any medication you are taking into hospital.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown, disposable underwear and your own slippers.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A porter will escort you into the operating theatre and you will be taken there on foot, if you are able.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre department, you will then be asked to put on a disposable hat. The ward nurse will then leave you and you will be taken to the anaesthetic room.
- A theatre nurse will check your details with you.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred back to your ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse for assistance / supervision. This is in case you feel dizzy or unsteady. You will need to be wheeled to the toilet as it is also important that you don't put your operated foot to the floor until the physiotherapist has assessed you using crutches and provided you with a post-operative sandal, which you will have to wear every time you get up to walk, until clinic review in two weeks.

Going Home

Following your surgery you are usually able to be discharged on the same day as your surgery. If so, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive a car or ride a bicycle or climb ladders (Your specialist will inform you when you are able to resume these activities).
- Operate machinery (including domestic appliances, such as a kettle).
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Elevate your leg, so your heel is higher than your hip every time you sit, this will help to reduce ankle swelling and pain.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Your foot and ankle will be bandaged following your ankle arthroscopy. A physiotherapist will assess and advise you of the safest way to use your crutches, especially if you have stairs to manage at home. You will be fitted with a post-operative sandal, and will be advised regarding the amount of weight you are able to put through your operated side.

In most cases you will partially-weight bear with crutches for five days. If surgery to the cartilage of your joint is required then you may need to non-weight bear with crutches (hop) for up to four weeks.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home. You should elevate (raise) your leg when sitting to help reduce post-operative swelling and pain.

Your wound

Before your discharge you will be provided with some tubular bandage, which you should apply at around five days after your surgery.

You should remove the existing outer bandage only and replace it with the tubular bandage, leaving the surgical dressings in place. (As mentioned earlier, the small wounds are usually closed using tape, which will come away easily with the dressing if they are removed, which may result in gaping of your wounds).

If following discharge you find your foot is more swollen (your bandage will feel tighter), smelling or oozing, please contact your family doctor(G.P.) immediately and contact the foot and ankle specialist nurse to arrange an urgent review. Your dressings should be left undisturbed and must be kept dry to help prevent infection. Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need.

Your Consultant will inform you how long you are likely to need off work. Obviously, this will depend on your occupation.

Further Appointments

You may need to be seen in outpatient clinic at two weeks post-op or it may be possible for you to attend a local treatment centre two weeks post-op for removal of your sutures / wound assessment.

A separate appointment is usually made for you to attend the Therapies department at about two to three weeks post-op, in order to receive instructions on ankle exercises and assessment. You will usually go into a normal shoe at about two weeks so please bring suitable shoes, such as trainers, with you.

Your specialist may ask you to be reviewed again in clinic in the future, to reassess your progress, outcome of physiotherapy and / or to discuss future treatment options, if needed.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

If you have any queries or concerns following your discharge, please contact the ward or the specialist nurse below.

Specialist Nurse for Foot and Ankle Surgery

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number: 18001 0151 282 6000

And ask for bleep 4634

Foot and Ankle Secretaries

Tel: 0151 282 6813/6746

Text phone number: 18001 0151 282 6813/6746

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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