

Ankle Arthroscopy Surgery



When is it Time to Think About Surgery?

You may need ankle arthroscopy surgery if you are experiencing ankle pain, limited motion or instability of your ankle. These symptoms may be caused by bone spurs, loose bone/cartilage, or inflammation of soft tissue.

About the Surgery

Ankle arthroscopy surgery involves a few small incisions around the ankle and is performed under general anesthesia. Using a camera, your surgeon can see the inner tissues of the ankle on a monitor. Many problems can be diagnosed and corrected once the arthroscope is in place. The procedure will take approximately one hour and you will wake with a bulky dressing covered by an ace wrap on your ankle. Once you are awake and taking fluids, your IV will be removed and you will be allowed to go home. You will need someone to drive you home after surgery.

Preparing for Surgery

Pre-admission testing may be done before surgery to ensure that you are healthy enough for the planned procedure. Testing may include lab work, an EKG and a chest x-ray. You are encouraged to stop smoking before surgery to prevent lung complications or delayed healing. Please bring your surgical boot to surgery. Anti-inflammatory medications, aspirin and blood thinning medications should be stopped one week before your surgery unless otherwise specified by your doctor. These medications affect your blood clotting ability and could increase your risk for bleeding.

What to Expect After Surgery

Please wear the surgical boot when you walk until you are seen for your first post-op appointment. Your surgeon may not allow you to bear weight on your foot and you may need to use crutches or a roll-about scooter until otherwise instructed. You may notice swelling and weakness of your ankle initially. You may move your ankle as tolerated while seated or lying down. Elevate your foot while you are seated and apply ice (20minutes on/20minutes off) to help with any swelling. The surgical dressing can be removed 24 hours after surgery and you may shower. Do not submerge your incisions in a bathtub/pool/hot tub until the stitches have been removed and the incisions are completely closed. Do not put lotions or antibiotic ointment on your incisions. Keep the incisions covered with band aids until they stop draining. When you can walk confidently in the boot, you may remove it to drive (as long as you are not taking narcotic pain relievers). You should have an appointment to see your surgeon 2 weeks after surgery to have your sutures removed.

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Complications and Risks of Surgery

Blood clots: Symptoms of a blood clot include pain, swelling or redness of your calf or thigh. Call the office immediately if you develop any of these symptoms or go to the emergency room. If you develop sudden shortness of breath go to the emergency room or call 911. Walk every hour during the daytime. Patients who are immobile for prolonged periods of time are at a higher risk of blood clots.

Infection: Infection is rare but can occur following surgery. You are at a higher risk for infection if you have diabetes, rheumatoid arthritis, chronic liver or kidney disease or are taking steroids. Symptoms include: fever or chills, drainage, redness, foul smell or increased pain at the incision sites. Call the office immediately if any of the symptoms occur.

Anesthesia: Respiratory failure, shock, cardiac arrest and death are always possible during surgery. Patients with long-term kidney, heart, liver or lung disease are at a higher risk. Nausea and vomiting from anesthesia can be common. Coughing/deep breathing exercises and drinking plenty of fluids help to flush out the anesthesia gases.

Nerve damage: Damage to the nerves surrounding your ankle is rare but can occur. Notify your surgeon if numbness or tingling is prolonged or worsens after surgery.

Bleeding: Trauma to the arteries and veins surrounding your ankle is rare but may occur. It is common for some bruising and discoloration around the ankle after surgery. Bright red bloody drainage from the incisions, which cannot be stopped with compression, should be reported to our office or go to the emergency room.

Returning to Work

Patients may return to work as soon as they feel comfortable. Patients with labor intensive jobs may require restrictions for the first few weeks following surgery which limit prolonged standing/walking, ladder climbing or repetitive stair climbing.