



Ankle or Sub-Talar Joint Arthroscopy

This leaflet aims to answer your questions about having an ankle arthroscopy under the care of Mr Sam Singh. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

For more information please go to Mr Singh's Website:
<http://www.footandanklesurgeon.co.uk>



What is an ankle arthroscopy?

Arthroscopy is an operation on a joint which is done by a 'keyhole' technique. An instrument containing a video camera is inserted into the ankle to look inside and small instruments are used to treat the problem. This allows the surgeon to help understand what is wrong with the ankle and treat the problem.

What happens during an ankle arthroscopy?

Ankle arthroscopy can be done as a day surgery procedure unless you have other significant medical problems that mean you may need to stay in hospital overnight. You will usually have a general anaesthetic (be asleep). The ankle is examined whilst you are asleep and the muscles are relaxed. Traction is applied to the ankle by gently pulling it and fluid injected. Small cuts are made to allow the camera and any instruments to be inserted into the ankle. The inside of the ankle is viewed through the camera and any necessary treatment carried out. The ankle is then cleaned out and the cuts stitched. The ankle is then bandaged.

Why should I have an ankle arthroscopy?

Ankle arthroscopy is often performed when an injury to the ankle fails to settle. It may help make a diagnosis, but you will often have a scan first. Problems such as arthritis and inflammation can be helped with arthroscopy, and it can be used to repair damaged tissue and cartilage or remove loose bodies (small loose fragments of cartilage or bone).

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself.

In most cases you will have a general anaesthetic. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for your individual case.

The main surgical risks are listed below:

Numbness: The commonest problem is numbness over the top of the foot or outer toes. This is because the cuts are close to the nerves to these areas. The nerves are pushed aside and may get stretched during surgery. Numbness normally recovers within two months, but a small number of patients have a small patch of permanent numbness.

Infection: The cuts usually heal within two weeks, but may leak a small amount of fluid. In a very small number of cases (less than 1 in 100 patients), the wounds may become infected and need antibiotics.

Joint damage: Occasionally some damage is done to the surfaces of the ankle joint during arthroscopy. Patients rarely have any symptoms from this.

Ongoing pain and stiffness: 85 out of 100 patients will find their level of pain has improved. However, 15 out of 100 patients find that some of their pain continues and may get worse over time. The ankle may remain stiff. A damaged ankle even after surgery can still be stiff.

Deep vein thrombosis: A clot in the leg, which can travel to the lungs, is a very rare but serious risk of ankle surgery. Measures are taken to reduce the chance of this happening.

Arterial damage: A small artery runs in front of the ankle which can be damaged during surgery. This is rare and unlikely to have long term consequences but may require further surgery.

Are there any alternatives?

Managing the pain with other measures such as painkillers or living with the pain are alternatives. Sometimes a steroid injection can help.

How can I prepare for an ankle arthroscopy?

Please refer to one of the following information available on-line which will provide all of the pre-operative preparation information:

London Bridge:

- **About Your stay - Day Case/Inpatient**
- **Having an anaesthetic**
- **Your surgery under general anaesthetic - a guide for patients**
- **Information about your surgery**
- **Physiotherapy**
- **Pre-Admissions**
- **Online Pre-Assessment**
- **MRSA Infection Control**
- **Planning your discharge**

The Lister Hospital:

- **A Guide for patients coming to Hospital**

If you don't have a copy, it can be downloaded at:

<http://www.londonbridgehospital.com/LBH/media-centre/brochure-leaflet-downloads/>

<http://www.londonbridgehospital.com/LBH/private-patients/mrsa/>

<http://www.thelisterhospital.com/patient-info/>

Chelsfield Park & The Sloane Hospital:

- **Preparing for your stay**
- **You and your anaesthetic.**
- **Information about your surgery**
- **Day Surgery/Inpatient Pre Operative Assessment questionnaire**
- **Your Guide to pain control**
- **Venous Thrombo Embolism - Reducing the risk of getting blood clots**
- **Allergies/Latex**
- **Physiotherapy a guide for patients**

<http://www.bmihealthcare.co.uk/chelsfieldparkhospital>

<http://www.bmihealthcare.co.uk/sloanehospital>

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You will need some time off work after the surgery. This will be at least 1-3 weeks but may be longer if you have a manual job. Mr Singh will discuss this with you. We advise you speak to your employer before surgery to make plans.

THE DAY OF THE SURGERY:

Mr Singh will see you before your operation. The anaesthetist will also see you before your operation, any queries about the anaesthesia are best discussed with him/her directly on the day.

Waiting for your operation: Please note that you may not be the first patient on the operating list and therefore have a variable amount of time during which you will be waiting to go to theatre; how long will depend in your place on the list. If you are the last patient to be scheduled for surgery, it may be up to three or four hours; you should therefore come prepared for a wait. Some reading material is provided by the day case unit but we appreciate a wait of several hours can be tedious; as such you may wish to bring a book, some work or other material to keep yourself occupied.

After your operation, prior to discharge: Your foot will be heavily bandaged to protect it and reduce the swelling. The gauze bandage which is applied in theatre in a sterile environment will stay on for 2 weeks. There will be no plaster cast. The physiotherapist will issue you with crutches and a special surgical sandal to wear. If you already have either of these, please bring them with you.

At London Bridge, Lister Hospital, Chelsfield Park or the Sloane Hospital you will be given a waterproof shower cap for your foot, for a charge. It will allow you to shower while keeping the wound and bandages clean and dry. If you wish to obtain one independently Mr Singh suggests the "SEAL-TIGHT cast and bandage protectors". You can source these and others through the internet or via Physiosupplies.com on (+441775 640972). You will need the half leg cover.

The hospital may bill for any incidentals such as the crutches, surgical shoe, shower cap and any medications.

You will be given medications to take home to control the pain. These will be a combination of strong and weak painkillers. A nurse will go through the medications with you, confirming how often and when to take them.

When you feel comfortable and ready you will be allowed to go home. You should have made arrangements to be picked up from the hospital and have someone staying with you at least overnight if you are a day case.

As a day case patient, you can normally go home about 3-5 hours following surgery. As an overnight, patient you will be discharged around 10 am the next day.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form by Mr Singh. This states that you agree to have the treatment and you understand what it involves.

Will I feel any pain?

There will be some pain after the surgery. During your operation local anaesthetic may be injected into your ankle to reduce the pain after the operation. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak painkillers.

It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the tablets.

If your pain does not settle, you can contact Mr Singh.

What do I need to do after I go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If Mr Singh gives you different advice, then you should follow that.

Days 1 - 7 after surgery

The local anaesthetic in the joint will start to wear off the day after surgery, so you will need to start taking painkillers. You should keep the ankle elevated when not walking or exercising for the first week after the operation. Whenever the foot is put down, it will swell and become sore. It is normal to see mild bruising. By the end of this week the post-operative pain should be significantly reduced.

After day 5 all the big bandages can be removed. You will see the arthroscopy scars/stitches which should be kept covered with dressings which we will provide. If you are worried about doing this yourself we can book you in for a reduction of dressing in the nurse's clinic.

Putting a piece of tubigrip on the ankle can also help to reduce swelling.

Do try and maintain upward and downward bend in the ankle. The physio can show you how to do this on the ward on the day of surgery.

Days 8 - 14 after surgery

Continue to elevate your foot and ankle as much as possible. You may walk short distances within your home or to a car from this week. In week two you can start working from home and possibly return to work but you must try and keep the ankle elevated. If you have a heavy manual job it may be one month before you can return to work.

If surgery was on your left ankle and you have an automatic car you can start driving within a few days. This time will be longer if surgery was on your right ankle or you have a manual car.

The Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car. You should contact your doctor or the DVLA if you are concerned about this. Motor insurance companies vary in their policies, it is best to discuss your circumstances with your insurance company to be sure that you are covered

You will be seen approximately two weeks after your operation in the outpatient clinic. This appointment will be made for you. At this time the wounds will be checked and any stitches removed. The findings during surgery may be explained and any further treatment plans discussed.

Physiotherapy may be arranged if necessary – Mr Singh will write to the physiotherapist. Simple ankle exercises will be shown to you at this appointment. Stiffness of the ankle can be prevented by regularly performing the exercises at home, three times a day. Bring a soft shoe with you to this appointment, and you can wear this instead of the sandal.

Days 14 - 21 after surgery

You should remove all the remaining wound dressings at home, by soaking the dressings and taking them off in the shower or bath. You should apply skin emollient (moisturiser) around the healing wound. Once the wound is completely healed, you should apply the moisturiser over the wound as well.

Continue to perform the exercises. You may go swimming if the wound is dry and healed. Low impact gym work, such as the exercise bike can be started.

At this stage, your foot and ankle may still be swollen.

You will find your mobility will improve over the next few weeks. There is no real merit in walking long distances.

When you return to work, travelling outside of the rush hour is a good way of phasing back into work. The first few days are always slightly miserable as you are not able to keep the foot up as easily in the office.

How long after my operation will I be able to fly:

For short haul flights you will be able to fly after 2 ½ weeks. For long haul it is 6 weeks. We do make exceptions if your home is abroad.

5 - 6 weeks after surgery

You may have a further appointment to see your consultant in clinic.

3 - 6 months after surgery

Your foot and ankle may continue to be swollen for up to three months following this surgery.

Return to sporting activities will depend on the damage to your ankle which caused you to need surgery in the first place, and on any other treatment performed during the operation. You will need to gradually increase your activity levels when you begin sport again. It may take several months to return to your normal sporting activity level.

What should I do if I have a problem?

If you experience any of the following symptoms, please contact Mr Singh, the ward or your GP:

- **increasing pain in your foot/ankle**
- **fever (temperature higher than 38°C)**
- **if you suspect you have DVT (deep vein thrombosis) – symptoms include pain and/or burning in the back of your lower leg. You may also feel unwell and have a temperature**

If, at any time in your post-operative recovery, there is any sign whatsoever of infection, either suspected by you or diagnosed by your GP, please contact your Mr Singh's secretaries at the hospital.

Contact details

If you have any questions or concerns about your surgery; please contact the following:

- Your consultants secretaries Lorna/Elia on:
020 7234 2167
(Mon-Fri, 9am-5pm)
- The clinical nurse specialist/Nurse in charge – London Bridge (bleep 000) Call the hospital switchboard on:
020 7407 3100 and ask for the bleep desk. Ask for bleep 2 and wait for a response. This will connect you to the clinical nurse specialist on call directly.
- Physiotherapy Department London Bridge
020 7234 2500 /2525 fax: 0207 234 2815
(Mon-Fri, 9am-5pm)
- The London Bridge Hospital (2nd Floor, Orthopaedic Ward – open 24 hrs/day) on:
(North Side) - 0207 234 2271
(South Side) - 0207 234 2262
- The Lister Hospital Orthopaedic (Orthopaedic Ward Level 5 – ask for the Duty Sister) on:
020 7730 7733
- The Chelsfield Park Hospital (the orthopaedic ward) on:
01689 877 855
- The Sloane Park Hospital (the orthopaedic ward) on:
0208 466 4000 and ask for the Ward.

Important: If you experience an emergency go to your local accident and emergency department (A&E)

Other Contact numbers

London Bridge Hospital

Please get in touch using the following contact details.

t: 020 7407 3100 **fax:** 020 7 407 3162

w: <http://www.londonbridgehospital.com/>

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you on the ward

t: 020 7 234 2047/ 2048 or the hospital pharmacy by calling the main hospital number

Monday to Friday 9am to 6:30pm

Saturday 9am to 12:30pm

t: 020 7 407 3100 **fax:** 020 7 234 2040

Pre-Assessment – Orthopaedic Nurse, please get in touch using the following contact details.

t: 020 7234 2271

w: <http://www.londonbridgehospital.com/>

Outpatient Appointments please get in touch using the following contact details. Mr Singh's private Secretaries Lorna/Elia

t: 020 7 234 2167 **fax:** 020 7 234 2030

w: <http://www.londonbridgehospital.com/>

The Lister Hospital

Please get in touch using the following contact details.

t: 020 7 730 7733 **fax:** 020 7824 8867

w: <http://www.thelisterhospital.com/>

Staff Nurse - Outpatients, Pre-Assessment Clinic, please get in touch using the following contact details.

t: 020 7 730 7733 **fax:** 020 7259 0529

w: <http://www.thelisterhospital.com/>

Chelsfield Park Hospital

Please get in touch using the following contact details.

t: 01689 877 855 **fax:** 01689 837 439

w: <http://www.bmihealthcare.co.uk/chelsfield>

Pre-Assessment Clinic – Reservations, get in touch using the

Please get in touch using the following contact details.

t: 01689 877 855 Etn 3030

w: <http://www.bmihealthcare.co.uk/chelsfield>

Outpatients Appointments, get in touch using the

Please get in touch using the following contact details.

t: 01689 885 905 **fax:** 01689 837 439

w: <http://www.bmihealthcare.co.uk/chelsfield>

The Sloane Hospital

Outpatient Appointments, please get in touch using the following contact details.

t: 020 7 234 2167 Mr Singh's Secretaries or

t: 020 7 0208 466 4056

w: <http://www.bmihealthcare.co.uk/sloane>

Main Switchboard - Please get in touch using the following contact details.

t: 020 8 466 4000

w: <http://www.bmihealthcare.co.uk/sloane>

The Sloane Hospital

Pre-Assessment Clinic – Barbara, get in touch using the following contact details.

t: 020 8 466 4000 Extn 5009

w: <http://www.bmihealthcare.co.uk/sloane>

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch with our International Department using the following contact details.

t: 020 7 234 2711 **fax:** 020 7 234 2258



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