CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Ankle arthroscopy

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic foot and ankle surgeon at Mater Private Hospital Rockhampton, offers ankle arthroscopy, which is keyhole surgery using a small camera to see inside and treat your ankle joint. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your ankle, and arrange imaging if it is needed to work out what is causing your pain.

For long-standing problems we usually try non-operative care first, such as changing your activities, physiotherapy, splinting or injections. Surgery is considered when those steps have not given you enough improvement. For some acute injuries, surgery may be recommended straight away.

This operation is typically offered to people younger than 50 years, and more often to women. It may be suggested for you if you have ongoing ankle pain after one or more sprains, a feeling that your ankle gives way, or a diagnosis such as soft-tissue pinching at the front of the ankle, cartilage damage, or a long-standing ligament injury. The camera lets us see ligament and cartilage problems inside the joint that scans can miss, and treat them at the same time. The main aim is to relieve your pain and restore stability so you can move and bear weight with confidence.

Before the operation

Your surgeon will give you clear instructions about preparing for surgery. You will need to stop eating and drinking seven hours before your operation. We ask for seven hours rather than six so your surgery can be brought forward if the theatre list runs early. You may also be asked to pause some of your regular medications beforehand; your surgeon will tell you which ones and for how long. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Bring a written list of everything you take, including tablets, injections and supplements. Wear loose, comfortable clothing on the day. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

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On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist, the doctor who looks after your anaesthetic. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Once you are stable, you either move to a ward or go home the same day, depending on the procedure and how you are recovering. If your surgery was on your right ankle, you will need to avoid driving for two weeks. Arrange for someone to take you home, as you will not be able to drive yourself.

What the operation involves

Ankle arthroscopy is keyhole surgery. Your surgeon makes two or three small cuts, called portals, around your ankle. A thin camera goes in through one portal, and small instruments go in through the others. The camera lets your surgeon see the whole joint on a screen and work inside it without opening the ankle up.

What happens next depends on the problem being treated. Your surgeon may remove bone spurs, scar tissue or inflamed tissue that is pinching at the front or back of your ankle. Loose pieces of cartilage or bone can be taken out. Damaged cartilage can be smoothed. If a ligament on the outside of your ankle is loose or torn, it can be tightened or repaired through the same small cuts, sometimes held with small anchors placed in the bone. If the joint is badly worn, the worn surfaces can be prepared so the bone heals together, a treatment called fusion, held with screws.

The small cuts are closed with stitches and covered with a dressing. Because the cuts are small, there is less disturbance to the tissue around the joint than with open surgery.

If you are having this at the same time as fracture repair, your surgeon uses the camera to check the break inside the joint and to spot cartilage or ligament damage that scans can miss, before the bone is held with plates or screws.

After the operation

You wake up in the recovery ward, where nurses watch over you while the anaesthetic wears off. Your team will tell you whether you go home the same day or stay one night in hospital. Someone should stay with you for the first 24 hours. You will have pain relief to keep you comfortable, and your ankle will be wrapped in a dressing. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people start moving and putting weight on the ankle soon after, following the plan your team gives you.

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Recovery

For the first few days your ankle will be sore and swollen, and this is normal. Rest with your foot raised above the level of your heart to help the swelling settle. Simple pain relief, ice packs wrapped in a towel, and gentle movement as directed will ease the discomfort. The swelling usually peaks early and then fades gradually.

Most people start moving and putting weight on the ankle soon after surgery, following the plan your team gives you. Your physiotherapist will guide you through exercises to restore movement and strength. You will keep the dressing on for about 10 days, and we will check the wounds when we see you. At home, keep the ankle raised when resting, walk short distances as advised, and avoid standing for long periods until your team says otherwise.

Recovery happens in stages. Once the swelling settles and movement returns, everyday tasks like walking around the house and stairs become easier. When your surgeon is happy with how the ankle is healing, you will be cleared to put full weight on it and build up your activity. Sport and heavier work come back gradually, once your strength and balance are back and your physiotherapist and surgeon agree you are ready.

Everyone heals at a different pace, so your timeline may differ from someone else's. Your surgeon and physiotherapist will guide you at each stage and tell you what to expect next.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Nerves and blood vessels run close to the small cuts used for this operation. If a nerve is irritated, you might feel burning, tingling or patches of numbness around the ankle or top of the foot. This often settles on its own over time, but tell us about it at your next review. If a small blood vessel is affected, you may notice unusual bruising or a swelling that pulses near one of the cuts. Call the clinic if this happens.

The instruments work inside the joint, and the smooth surface of the joint can sometimes be grazed during the operation. Most of this is shallow and causes no lasting trouble. If you feel a new clicking or grinding in your ankle afterwards, mention it at your review.

Infection is uncommon but needs quick attention. Watch for redness that spreads out from a wound, fluid or pus leaking from it, a wound that will not close, or a fever. If you see any of these, call the clinic the same day. Some infections need a small further procedure to clear them.

If your ligament was repaired or rebuilt, the small knots or anchors used to hold it can sometimes irritate the skin over the outside of your ankle. You might feel a tender spot or rubbing under the skin. This is often mild, but bring it up at your review.

Rarely, a blood clot can form in the deep veins of the leg. A sudden swelling and tenderness in the calf, especially on one side, needs urgent review. Go to the emergency department if this comes on.

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After ankle fracture surgery, some people need a further operation later on. If you have pain that keeps getting worse rather than easing, or a deep, throbbing pain that does not ease with simple painkillers, contact the clinic promptly.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems show up early, and quick action makes them easier to sort out. Call us if you have a fever, redness spreading from a wound, fluid or pus leaking from a cut, or pain that keeps getting worse instead of easing. Go to the emergency department if you have sudden severe pain, swelling and tenderness in your calf, shortness of breath, new numbness in your foot, or you cannot move your ankle. Trust your instincts: if something feels wrong, contact us.

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