

## **ARTHROSCOPY (KEYHOLE SURGERY) OF THE ANKLE AND FOOT**

Arthroscopic surgery is sometimes referred to as “keyhole surgery” as it is performed through very small incisions. The joint is visualised using a small (2.7mm, 2.3mm or 1.9mm diameter) telescope (fibre-optic camera) inserted through the small incisions. The surgeon can visualise the joint on a high definition screen. Specialised miniature instruments are then introduced into the joint through the other keyhole incision. The major advantages of arthroscopic surgery are that it is associated with a faster recovery due to less pain and earlier mobilisation of the ankle than after conventional open surgery. This is possible due to less damage to the surrounding skin, ligaments and tendons.

Arthroscopy allows direct visualisation of the joint surface. The surgery is performed as a day surgery procedure.

**ANKLE ARTHROSCOPY** is the technique of choice for treatment of

- ❑ joint surface damage (chondral or osteochondral lesions)
- ❑ painful ankle spurs (treatment of footballer’s ankle)
- ❑ joint inflammation (synovitis) after an ankle sprain
- ❑ loose bodies

**SUBTALAR ARTHROSCOPY** is most commonly performed for posterior ankle impingement from an os trigonum bone

**METATARSOPHALANGEAL JOINT ARTHROSCOPY** (mainly of the big toe and 2<sup>nd</sup> toe). This is the technique of choice for treatment of joint surface damage (chondral or osteochondral lesions) and loose bodies. The arthroscopy is performed using a 1.9mm diameter telescope.

The operation is done through 2 small incisions (portals) approximately 5mm long over the appropriate joint. An arthroscope (telescope to look into the ankle joint) is used. Local anaesthetic is injected into the joint and around the portals. This usually provides good pain relief for up to 12 hours after the operation. Some patients notice an increase in pain after the local anaesthetic wears off, however this is usually relieved by tablets by mouth. At the end of surgery, a bulky dressing is applied. This should remain in place for 5 days. During this time the dressing should be kept dry. Physiotherapy exercises commence 1-2 weeks after the operation. A physiotherapy protocol is provided for the patient’s physiotherapist. Dr Lam reviews patients 2 weeks after the surgery.

The patient may weight bear as tolerated after the operation. Crutches are recommended for a few days after the operation until the patient is comfortable walking. Return to work and sport will depend on the type and severity of the joint problem that is being treated and the type of work and sport involved. Dr Lam is able to provide an indication of the expected return to work and sport prior to surgery.