

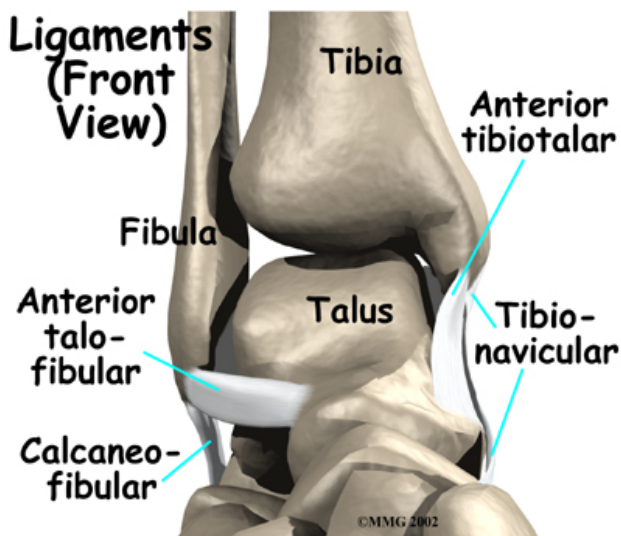
ANKLE ARTHROSCOPY AND LIGAMENT RECONSTRUCTION

Patient Information

INTRODUCTION

Ankle injuries are extremely common and are often the result of stretching or small tears in the ligaments around the ankle. These are commonly known as sprains or strains. The vast majority of these injuries make a full recovery. Sometimes when the ligaments don't heal properly the patient may feel that the ankle is unstable or loose.

The ligaments responsible for stability are located on the outside of your foot and are known as the lateral ligaments. They stop the foot from twisting inwards or inverting. Reconstruction of these torn ligaments involving tightening them or replacing them with a tendon graft sourced from your body (hamstring graft). The purpose of the surgery is to regain the stability the ankle has lost but still maintaining mobility in the joint.



PROCEDURE

A general anaesthetic is administered. A telescope and instruments are passed into the ankle joint through small cuts over the ankle. Ankle arthroscopies are used to treat lesions of cartilage and/or loose bodies in the ankle and/or to determine the cause of pain in the ankle.

A hamstring tendon graft is taken and you will have a small incision over the front of the tibia to facilitate this. After the ankle scope is performed a lateral (outside) incision is made over the ankle joint. The ankle is exposed and the lateral ligaments are located. One end of the graft is secured with an absorbable screw in the calcaneal bone and the other end is passed through the distal fibular head and secured in the talar bone.



GENERAL RISKS OF A PROCEDURE

1. Infection – is a serious complication. You may require antibiotics and possibly further surgery.
2. Bleeding – you may require further surgery to stop the bleeding
3. Lung collapse – small areas of the lungs may collapse while under the general anaesthetic, increasing the risk of infection, cardiac and respiratory complications. You may require antibiotics and physiotherapy.
4. Obesity – increased risk of infections, cardiac and respiratory complications and thrombosis.
5. Blood Clots – DVT (venous thrombus) can occur in the deep veins of the leg and travel to the lungs causing heart attack and death. This can occur within 10-14 days of surgery.
6. Death – is possible due to the surgical procedure.

RISKS OF THIS PROCEDURE

These are some risks specifically associated with this procedure;

1. Numbness – associated with the use of a tourniquet during surgery. Tourniquets can cause muscle and nerve damage at the site of application. This may be temporary or permanent. Injury to the nerves is uncommon, but it may lead to chronic regional pain syndrome.
2. Necrosis of the skin – can occur due to the application of the tourniquet. Treatment may include further surgery and extensive dressings.
3. Instrument breakage – can occur, which may require larger incisions to remove the instruments. Broken instruments may require x-ray in order to assist with the removal of the broken instrument.
4. Pain and symptoms may not be fully resolved with the initial surgery and may require further surgery if indicated.
5. Scarring – keloid scarring can occur and may require further surgery. This scarring can cause pain and discomfort.
6. Stiffness – physiotherapy and/or manipulation under anaesthesia may be required. The ligament repair may fail and cause further instability.

PROBLEMS REPORT TO YOUR SURGEON IMMEDIATELY

1. A temperature higher than 38°C.
2. Persistent bleeding from the incision sites.
3. Severe pain and tenderness or increased swelling of the ankle.
4. Nausea or vomiting.