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Adult and Paediatric Orthopaedic Surgeon Specialising in the Foot and Ankle

Ankle Arthroscopy and Treatment of Osteochondritis <u>Dissecans</u>

INTRODUCTION

Arthroscopy is a minimally invasive procedure which uses a camera to view the inside of the ankle. Arthroscopy is a very useful way to treat cartilage damage, scar tissue, spurs and impingement of the ankle. Osteochondritis dissecans is a Paediatric bone and joint condition characterised by localised softening of articular cartilage and it's supporting underlying bone. When it is symptomatic, arthroscopy is used to inspect the area, and facilitates retrograde drilling if the overlying cartilage is generally intact, or debridement and microfracture, if the articular cartilage is damaged.

THE PROCEDURE

There are a number of steps involved in ankle arthroscopic surgery.

These include:

- 1. General anaesthetic, antibiotics
- 2. Two small incisions (each 1 cm long) over the front of the ankle.
- 3. Insertion of camera, and arthroscopic instruments
- 4. Retrograde drilling or microfracture depending on characteristics of lesion
- 5. Infiltration with local anaesthetic
- 6. Wound closure

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with ankle arthroscopic surgery is low.

Some of the risks of surgery include:

Anaesthetic complications

Drug allergies

Wound infection

Sensory nerve injury

Deep vein thrombosis

Ongoing pain

Artery or tendon injury (rare)

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Patients stay one night in hospital

Keep foot elevated as much as possible, especially for initial 72 hours.

Keep dressings dry and intact until post operative appointment.



Removal of stitches/sutures at two weeks non-weight-bearing for the first two weeks commencement of partial weight-bearing at 25% of body weight in the third week increase weight-bearing by 10% today in the fourth week, so that by the end of the fourth week, patient is fully weight-bearing, and crutches I discontinued physiotherapy commences at six weeks commencement of most activities by 12 weeks running by 16 to 20 weeks full recovery up to 6 months

ANY PROBLEMS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly