PROCEDURE

Ankle arthroscopy

Ankle arthroscopy uses a small camera and instruments to examine and treat problems inside the ankle joint.

PURPOSE
Examine and treat damage inside the ankle joint

PROCEDURE TYPE
Diagnostic and therapeutic, minimally invasive surgery

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General or regional anaesthesia, sometimes with sedation

HOW LONG IT TAKES
About 30 to 90 minutes

PREPARATION
Fasting, medication review, and arranging transport home

RECOVERY
Usually same day; no driving until cleared and safely mobile

MAIN RISKS
Infection, nerve injury, blood clots, ongoing pain

RESULTS
Findings are immediate; tissue test results take several days

Overview

Ankle arthroscopy is keyhole surgery used to examine the inside of the ankle joint. A surgeon inserts a narrow camera called an arthroscope through a small cut. Images appear on a screen.

Instruments inserted through other small cuts can remove loose bone or cartilage, inflamed tissue, scar tissue, or bone spurs. Although the cuts are smaller than in open surgery, arthroscopy still requires anaesthesia and recovery.

Why the procedure is performed

Ankle arthroscopy may be offered when symptoms, examination, and scans suggest a problem

inside the joint, usually after non-surgical treatment has not helped.

Reasons include:

It is not usually performed only to "take a look" when scans and non-surgical care provide enough information.

- Removing loose bone or cartilage
- Treating ankle impingement, where tissue is pinched
- Assessing or treating damaged cartilage
- Clearing inflamed joint lining or scar tissue
- Washing out an infected joint
- Assessing persistent pain after injury
- Assisting with some ligament repairs or ankle fusion procedures

Who should and should not have it

You may be offered arthroscopy if you have a specific joint problem that can be reached and treated through keyhole surgery. Your surgeon should explain whether the aim is diagnosis, treatment, or both.

It may not help when symptoms come from outside the joint. Advanced, widespread arthritis often responds poorly to arthroscopic cleaning; ankle fusion or replacement may be more suitable.

The procedure may be avoided or delayed if you have:

Smoking, diabetes, circulation problems, and medicines that affect clotting can increase risks. They do not always prevent surgery but require individual assessment.

- An active infection near the ankle
- A condition making surgery or anaesthesia unsafe
- Poor blood flow or severe swelling that may impair healing
- An untreated blood-clotting problem
- A complex problem requiring open surgery

How to prepare

Follow your treating facility's instructions, as fasting rules, medication plans, and arrival times vary.

Tell the team about all medicines, supplements, allergies, and previous anaesthetic problems. If you take a blood thinner like warfarin or apixaban , do not stop it yourself; the team managing it must provide a plan.

You will usually need to stop eating and drinking before anaesthesia. Follow the exact times given. Otherwise, surgery may be delayed or cancelled.

Arrange for a responsible adult to take you home and, if needed, help during the first day. Ask whether to bring crutches or a walking boot and whether you may put weight on the foot. Loose clothing that fits over a bulky dressing may be helpful.

What happens during the procedure

The team confirms your identity, the ankle being treated, and the planned operation. You may have general anaesthesia, regional anaesthesia that numbs the leg, or sedation.

The surgeon cleans the skin and makes small cuts called portals. Sterile fluid expands the joint to improve the view. The arthroscope enters through one portal and instruments through another.

Depending on the agreed procedure, the surgeon may remove loose material, trim inflamed tissue or bone spurs, treat cartilage, or assess ligaments and joint surfaces. The cuts are then closed and dressed. A splint or boot may be applied.

Recovery and what to expect afterward

Pain, swelling, bruising, and stiffness are expected at first. Elevate the ankle and use pain relief only as directed. Pain should gradually improve rather than steadily worsen.

Weight-bearing instructions depend on what was done. Some people can put weight through the foot soon afterward, while cartilage treatment or another repair may require several weeks without weight-bearing. Use crutches, a boot, or a splint as instructed. Keep the dressing clean and dry, and do not remove it unless told to.

Do not drive home. Resume driving only after anaesthetic restrictions have passed, you are not taking sedating medicine, and you can safely control the vehicle and perform an emergency stop. A boot may interfere with pedal control, and your insurer may have additional requirements.

Return to work depends on your procedure and job. Work involving standing, lifting, climbing, or driving usually requires more time than desk work. Physiotherapy may help restore movement, strength, and balance.

Risks and possible complications

Most people do not have a serious complication, but risks include:

Temporary numbness near a portal can occur because small skin nerves lie close to common incision sites. Ask which risks are most relevant to your planned treatment.

- Infection in a wound or joint
- Nerve irritation or injury causing numbness or tingling
- Bleeding, bruising, or delayed wound healing
- A blood clot in the leg
- Stiffness, swelling, or persistent pain
- Damage to cartilage, tendons, blood vessels, or other structures
- A reaction to anaesthesia
- Failure to improve the original problem
- Need for further arthroscopic or open surgery

Results and follow up

The surgeon can usually explain what was found and treated after you recover from the anaesthetic. Written information or having another person present may help because you may not remember the first conversation clearly.

Laboratory results from tissue or joint fluid usually take several days and may take longer for specialised tests.

At follow-up, the team checks the wounds, swelling, movement, and weight-bearing. They may remove non-dissolvable stitches and explain when to increase activity, exercise, return to work, and stop using crutches or a boot. Keep appointments and contact the team sooner if symptoms worsen or recovery stalls.

Alternatives

Alternatives depend on the condition.

Activity changes, physiotherapy, ankle supports, and pain-relieving or anti-inflammatory treatments may improve symptoms without surgery, but cannot remove loose material or trim a bone spur.

A joint injection may provide temporary relief or help identify the source of pain. X-rays, ultrasound, CT, or MRI can provide information without surgery, but cannot treat the problem.

Open surgery provides wider access for large, complex, or hard-to-reach problems but generally involves a larger incision and longer recovery. For severe arthritis, ankle fusion or replacement may provide more reliable relief than arthroscopic cleaning.

Waiting may be reasonable if symptoms are manageable and treatment is not urgent, although symptoms may persist or progress.

When to call your healthcare team

Contact your surgical team promptly for increasing redness, warmth, wound drainage, fever, worsening pain, or swelling that is not improving. Seek urgent advice for new calf pain or swelling, a dangerously tight dressing, or toes that become numb, cold, pale, or blue.

Call emergency services for difficulty breathing, chest pain, coughing up blood, fainting, or sudden severe weakness.

For non-urgent questions about dressings, exercises, medicine effects, work certificates, or slow recovery, contact the team during normal working hours.

Common questions

Will I be asleep?

Many procedures use general anaesthesia. Regional anaesthesia may numb the leg, often with sedation. Your anaesthetist will explain the plan.

Can I drive myself home?

No. Arrange transport home. Drive again only when restrictions have passed and you can safely control the vehicle.

How painful is ankle arthroscopy?

Pain is common for the first few days but should gradually improve. The amount depends on

what was treated.

When will I know what the surgeon found?

Main findings are usually available immediately. Laboratory results take several days or longer.

How long will I need crutches?

Some people need them briefly; others must avoid weight-bearing for several weeks. Follow your operation-specific instructions.

Will ankle arthroscopy cure my pain?

It may improve pain caused by a treatable joint problem, but complete relief is not guaranteed. Arthritis, nerve pain, or problems outside the joint may continue.

Sources

- American Academy of Orthopaedic Surgeons, OrthoInfo: Ankle Arthroscopy
- American Orthopaedic Foot & Ankle Society, FootCareMD: Ankle Arthroscopy
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