Ankle Scopes

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Image courtesy of Wright Medical

What it is

An ankle "scope" (also known as "arthroscopy") involves the surgical evaluation and treatment of a joint for a variety of conditions. Arthroscopy is performed using tiny fibre optic cameras and surgical tools inserted into your ankle through much smaller incisions than in traditional surgery.

Why it's a problem

The problems, in this case, can be varied. Ankle arthroscopy may be done to:

- Examine an injured, unstable, stiff, or painful ankle to assess the condition of your bones, cartilage, and ligaments (which connect one bone to another).
- Remove, repair, or rebuild part of the ankle, addressing issues ranging from debris in your ankle (from a torn cartilage or a bone chip) to ligament damage from a severely sprained ankle.

Surgical treatment

Outpatient or hospital stay:	Outpatient (home same day)
Type of anaesthesia:	May be regional or general, or a combination
Length of surgery and recovery:	Depends on nature and extent of scopes performed

Small incisions will be placed in different areas around the ankle for the instruments and camera to be inserted. The surgeon will then perform the procedure. Afterward, the instruments will be removed and the small incisions will be closed and b a n d a g e d.

Recovery

Though many people think that arthroscopy means a speedier recovery, less scarring and fewer complications than in traditional "open" surgery, this is not always true. Despite the small incisions, you can still expect pain and swelling after surgery. The type of repair performed will determine your post-operative course. Your surgeon will discuss the recovery related to your specific arthroscopic ankle procedure.



For more information: The Canadian Orthopaedic Foundation provides a free booklet, *Foot & Ankle Surgery – Planning For Your Best Results*, which outlines general preparations, complications monitoring, a diary of progress and more. Visit *www.whenithurtstomove.org* for access, or call 1-800-461-3639 to have a copy mailed to you.





