

ANKLE ARTHROSCOPY AND MICROFRACTURE SURGERY

SURGERY INFORMATION



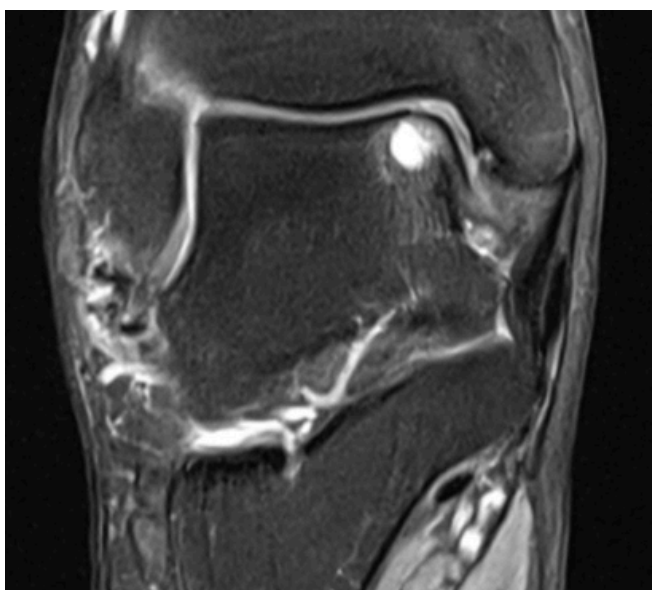
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THE SURGERY

- The surgery involves looking inside the ankle with a camera (see **Ankle Arthroscopy**) and identifying the osteochondral defect (OCD)
- The OCD is then drilled to encourage blood flow, and in some cases, a specialised gel substance is injected to encourage cartilage formation



MRI scan showing an osteochondral defect of the talus



THE HOSPITAL STAY

- You wake up with bulky bandages and a **boot or a half plaster**
- You will stay in hospital overnight, with your foot **elevated** and you will have antibiotics through a drip
- You will be on blood thinners to prevent DVT and vitamin C to help with wound healing and pain management
- You will be only allowed to **touch** your foot to the ground for 6 weeks
- Depending on your balance and strength, you may need rehabilitation post operatively
- Buying a second hand **knee scooter** pre operatively (can search online) and practicing at home before the surgery, can be helpful; please bring it into the hospital with you. It is easier to use a knee scooter than crutches

WHEN YOU GO HOME

- You will need medications for pain relief
- You will need to take antibiotics until the wound heals
- You will need blood thinners and vitamin C daily for 6-8 weeks
- Please leave all dressings intact until your post op appointment**
- You will get an appointment for your post op appointment in 2-3 weeks where the dressings will be taken down
- After this you will be able to shower normally and pat the dressings dry

REHABILITATION

All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

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0-3 weeks	<ul style="list-style-type: none"> You will be in a boot You will only be allowed to touch your foot to the ground for balance. Elevate your foot on 3 pillows most of day You will need to bag the leg for showers Pain relief: Please take regular paracetamol with meals and before bed; you may need stronger pain killers as well, especially before bed Please take antibiotics, blood thinners and vitamin C as prescribed
3-8 weeks	<ul style="list-style-type: none"> Post op appointment for a wound check You will then go back into the boot but can remove it for seated showering, sleeping and physiotherapy Physio for isometric calf strengthening, hip and knee strengthening and leg lifts, and active range of movement with physiotherapy
6-12 weeks	<ul style="list-style-type: none"> Post op appointment to assess range of motion You can weightbear as tolerated in the boot Physiotherapy for active and passive plantarflexion and dorsiflexion and static strengthening
12 weeks	<ul style="list-style-type: none"> You can wear normal shoes if you are able to fit into them (you may still have swelling) You can increase to all strengthening (but no jumping/landing/twisting) with physiotherapy
6 months	<ul style="list-style-type: none"> Continue strengthening and range of motion with physiotherapy Light jogging can commence if there is minimal pain

12-18 months	<ul style="list-style-type: none"> When the leg feels back to normal and the same as the other leg, you can start sport specific training
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WHEN CAN I RETURN TO WORK/SCHOOL?

- Seated work 8-12 weeks
- Prolonged standing 3-6 months
- Heavy labour work 9-12 months

WHEN CAN I RETURN TO SPORT?

- Start sport specific training at 9-12 months
- Return to sport when leg same as the other side

WHEN CAN I DRIVE?

- Left foot 2-3 weeks (if driving an automatic)
- Right foot 6-8 weeks

WHAT CAN GO WRONG?

- Anaesthetic problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- Malunion or nonunion
- Ongoing pain including chronic regional pain syndrome
- Further surgery
- Future osteoarthritis

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on admin@christygraff.com or please call the rooms on **0493 461 133**