ANKLE ARTHROSCOPY AND MICROFRACTURE SURGERY

SURGERY INFORMATION

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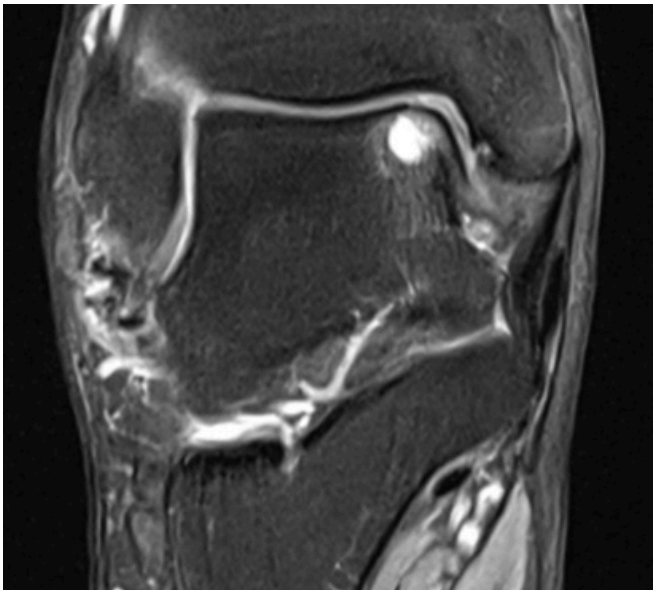
THE SURGERY

- 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 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 have will have antibiotics through a drip
- You will 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.

ANKLE ARTHROSCOPY AND MICROFRACTURE SURGERY

0-3 weeks	• 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	• **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
8-12 weeks	• **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	• 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	• Continue strengthening and range of motion with **physiotherapy** • **Light jogging can commence if there is minimal pain**
12-18 months	• When the leg feels back to normal and the same as the other leg, you can start sport specific training

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 ostetoarthritis

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**