ANKLE ARTHROSCOPY WITH TREATMENT OF OSTEOCHONDRAL LESION

Anesthesia: General with possible nerve block

Length of Surgery: 1.5 hours

Type of Surgery: Outpatient

GENERAL FACTS

The bone surfaces inside of the joint are covered with cartilage. When the cartilage is injured, the bone underneath can also be injured resulting in what is called an osteochondral lesion. This can be a result of an injury but may have occurred years ago. As the ankle moves, the lesion ends up being a rough spot on the joint surface, that functions much like a pothole. Likewise, there can be loose pieces of bone or cartilage present inside the joint. This can lead to inflammation and well as catching, painful popping and/or feelings of instability. Initial treatment is often rest, immobilization, and anti-inflammatory medication. Often this type of injury requires surgical treatment in order to remove any loose pieces of cartilage as well as smooth the roughened area. It is important to note that when the cartilage is injured, this area is prone to develop arthritis.

SURGICAL TREATMENT

The surgery is often done using an arthroscope through 2-3 small incisions. At the time of surgery the bone underneath the lesion is often drilled to cause bleeding which stimulates new bone and cartilage formation. The new cartilage is called fibrocartilage and is not as good as the cartilage that was injured, but it can fill the hole that is present. If the injury is large, it may require taking bone graft from your calcaneus (heel bone) or tibia (lower leg bone) to pack into the area. In some situations, donor cartilage may be placed into the injured area.

RISKS OF SURGERY

- All surgery has risks
- Bleeding
- Infection
- Nerve injury: Small nerves exist in the area of the incisions. Care is taken not to injure one of these nerves but it can occur. Similarly, these nerves can become trapped in scar tissue as your skin heals. This can result in pain as
well as numbness/tingling in the foot/ankle although it generally resolves after a few months.

- Continued pain/swelling
- Need for further surgery including but not limited to repeat arthroscopy, bone grafting, cartilage grafting.
- Blood clot

**BENEFITS OF SURGERY**

- Allows examination of the joint to assess for extent of injury
- Allows for removal of loose fragments in the joint
- Allows the injured area to be repaired or debrided (cleaned) to allow for bone and fibrocartilage formation.

**POSTOPERATIVE RECOVERY**

- What is done at the time of surgery will determine what type of dressing you will have. If no bone grafting is done, you will likely be in a soft dressing to help control swelling. If grafting is needed, you may be placed into a bulky splint to immobilize your ankle. Likewise, if you have an additional procedure this may affect the type of dressing you have.
- You will be unable to drive if it is your Right ankle for at least 2 weeks although this may take longer
- You will typically be placed into a Cast boot at the 2 week mark.
- You generally will not be allowed to put full weight on your ankle for 6 weeks
- You will likely need physical therapy at some point in your recovery
- It will take at least 3 months for your ankle to be feeling better and swelling can last greater than 6 months

**POSTOPERATIVE INSTRUCTIONS: GENERAL GUIDELINES**

- **Day 1**
  - Ankle will be in a bandage/splint. DO NOT remove. Expect so bloody drainage.
  - Expect the foot/ankle to be numb for 12-72 hours depending on the type of anesthesia
  - Elevate the ankle above the level of the heart for 72 hours then as much as possible
  - Begin moving if no splint. If in a boot, remove 3-4 times daily and do up down motions of the ankle
  - Do not get wounds wet

- **Week 2**
  - Splint removed.
- Sutures removed if doing well
- Xray taken
- Placed into a boot and motion exercises started
- You may shower if the incision is dry but cannot put any weight on the affected side
- Use crutches or roll-a-bout
- Do physical therapy exercises at home
- You may do upper body work out as long as you do not put weight on your foot/ankle

**Week 6**
- May start putting full weight on ankle in boot
- DO NOT put weight on the affected side without the boot until able to do so pain free
- Continue or start physical therapy

**Week 8**
- Discontinue boot.
- Use lace up ankle brace
- Begin progression back to jogging/sports activities