These notes are intended as a guide only and some of the details may vary according to your individual circumstances.

Royal United Hospital Bath NHS
NHS Trust

RUH Information for Patients

Ankle Arthroscopy Osteo-Chondral Lesion of the Talus

Advice Sheet

For more information

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The ankle joint is composed of three bones. On the top are the tibia and fibula and they form a joint with the talus beneath. An osteo-chondral lesion is a defect in the upper surface of the talus that involves bone (osteo) and cartilage (chondral). There are differing degrees of severity varying from very small undisplaced lesions to those that create large loose bodies and develop cysts in the talus.

Cause

The most common cause of an osteo-chondral lesion of the talus is twisting the ankle. As the ankle twists a small area of bone and cartilage can be knocked off the surface of the talus. It is not necessary for the ankle itself to fracture to create this lesion. This is a very common cause of on-going symptoms after a sprained ankle. It has been estimated that 6% of ankle sprains are complicated by an osteo-chondral lesion. Occasionally the lesion can just develop and the cause for this is not completely understood.

Symptoms

The typical history is that of a sprained ankle that never gets better. It may cause aching in the ankle or symptoms of clicking, locking and swelling. Sometimes you can feel something moving in the ankle.

X-rays of the ankle will be taken but it is often difficult to see osteo-chondral lesions unless they are large and displaced, because of this it is usually necessary to perform and MRI scan which will clearly demonstrate the abnormality.

Driving

You should not drive a manual car for at least 1 week following surgery. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 days.

Work

If you have an office based job then it may be possible for you to return after 2 weeks. If you have a more physical job then it may take 6-8 weeks.

Recovery

It often takes 3 months for all swelling to resolve and so minor swelling late in the day is not unusual and should not be a cause for concern. Sports training can resume fully after 6 weeks.

Discharge advice following an ankle arthroscopy

Dressings

Your foot has been dressed with a wool and crepe bandage. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The dressing must be kept clean and dry.

Elevation

It is very important that you rest as much as possible and keep your foot elevated. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed put the foot on a pillow.

Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling and this is eased by rest and elevation of the foot for concern.

Walking

A physiotherapist will have shown you how to use crutches. Initially it will be sore to put weight on the foot but this will ease. As the pain reduces so you may take more weight on the foot.

Follow-up

You will be seen after approximately 2 weeks when the dressings and stitches will be removed.

Treatment Options

Treatment for an ankle that has an osteo-chondral lesion and ongoing symptoms involves an ankle arthroscopy (key-hole surgery).

The aim of surgery is to assess the damage to the joint, remove any torn cartilage and then freshen the underlying bone. This then encourages the growth of a different form of cartilage to cover the defect. It is hoped that this will then resolve the symptoms.

The success of the operation depends on several factors but mainly the severity of the lesion. If a lesion has been left untreated for a long period of time it appears that the lesion grows and a cyst forms beneath the area originally damaged. The bigger the cyst becomes the less likely it is that surgery will resolve your symptoms.

Operation Details

Surgery is performed under general anaesthetic usually as a day case procedure. The procedure takes around 60 minutes.

Two small incisions are made (1 cm each) at the front of the ankle to allow the camera (arthroscope) and the instruments access to the ankle joint. The joint is inspected and any damage is dealt with by motorised burrs. The tissues are then stitched and a wool and crepe bandage applied.

Risks of Surgery

- Infection

This is always a risk when a cut is made in the skin but it is very rare. Every possible precaution will be taken.

- Nerve damage

There is a small nerve that passes across the front of the ankle which can be damaged. The nerve provides feeling to the top of the foot. If it is damaged you may develop altered sensation over a small area on the top of the foot.

- Scar sensitivity

This is helped by massaging the scars regularly to de-sensitise them.

On-going symptoms

In most cases this is the only treatment required but depending on the extent of the original problem you may have on-going or recurrent problems. Occasionally it is appropriate to repeat the arthroscopy but it may be necessary to have more major surgery.

General considerations

- Swelling

Feet tend to swell after surgery. Excessive swelling causes pain and increases the risk of complications. The best way to prevent this is to elevate the feet as much as possible.

- Smoking

Smoking leads to a huge increase in surgical risk, particularly affecting wound healing and infection (16 times higher). It is strongly advised that you stop smoking prior to any surgery.

- Blood Clot

A blood clot in the deep veins of the leg (deep vein thrombosis / DVT) may occur following foot and ankle surgery but is rare. There are many factors to take into account when considering the level of risk and it may be necessary to give injections or take medication to reduce the risk. There is a very small chance that the clot may break off and travel to the lungs (pulmonary embolus / PE) and this can be dangerous, even life threatening. If you feel that the calf has become swollen and painful or you become breathless then seek medical attention immediately.

- Anaesthetic

Surgery is usually performed under general anaesthetic and so you are asleep. This is incredibly safe but there are exceptional circumstances where an adverse reaction may occur which is dangerous, even life threatening. Certain patients have many medical problems which may increase the risk and so it may be necessary to be seen by an anaesthetist to further discuss the issues prior to being brought into hospital. All patients will be checked for fitness for surgery in our specialist pre-operative assessment clinic.