

Ankle Arthroscopy & Talus OCD Microfracture

INTRODUCTION

The talus is lined with articular cartilage and connects to the tibia and fibula to make up the ankle joint. An osteochondral injury occurs when the ankle joint cartilage is bruised, fractured or displaced from an injury. When cartilage injuries don't heal they often need stimulation of the underlying bone marrow to provoke a healing response. This is called a microfracture and is usually carried out with arthroscopy (keyhole surgery). Loose ankle ligaments from the time of injury often need repairing at the same time to stabilise the joint.

THE SURGERY

Ankle arthroscopy, talus OCD micro fracture and lateral ligament surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Two small incisions (~6mm) over front of ankle
- Insertion of arthroscope (camera) and keyhole surgery instruments to clean up the cartilage injury and perform microfracture
- Incision over the outside of the ankle (~5cm)
- Reconstruction of the lateral ligaments using 2 small suture anchors inserted into the fibula bone
- Closure of incision with sutures
- Local anaesthetic block
- Surgical camboot (VACOCast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital for 1 night

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in surgical boot
- Mobilise with knee scooter/crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg, Vitamin D 5000 units and Vitamin C 1g per day
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Commence WEIGHTBEARING as tolerated in boot
- Surgical boot on at ALL times, including in bed and showers, except for rehab exercises
- Elevate foot when not walking
- Continue Aspirin, Vitamin D and Vitamin C
- Daily scar massage from 3 weeks post-op
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence active and passive range of movement exercises - ankle and toe flexion/extension
 - NO inversion or twisting forces
 - General upper body, core, hip and knee strength & conditioning

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 6 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Continue ROM and commence inversion
 - Peroneus brevis activation and strengthening
 - Gait re-training
 - Ankle stability and proprioception exercises
 - Stationary bicycle/elliptical trainer out of boot

3 MONTH POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 3 MONTHS

- Return to normal activities as tolerated
- **PODIATRY/PHYSIOTHERAPY:**
 - Straight-line jogging from 4 months and progress
 - Work-specific or sport-specific training

Full recovery is usually 6-9 months, and can take up to 18 months.

Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.