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Foot, Ankle and Trauma Surgery

ANKLE ARTHROSCOPY WITH INSERTION OF AUTOCART

INTRODUCTION

Arthroscopy (or key hole surgery) is a procedure to view the inside of a joint. Arthroscopy is a very useful way to treat cartilage damage, scar tissue, spurs and impingement of the ankle. The Autocart procedure involves mixing your cartilage cells (chondrocytes) with cells from your blood (platelet rich plasma) and reinserting the cells back into your ankle to try to stimulate the growth of new cartilage cells.

THE SURGERY

There are a number of steps involved in ankle arthroscopic surgery. These include:

- i. general anaesthetic, antibiotics
- ii. two small incisions (each 1 cm long) over the front of the ankle.
- iii. insertion of arthroscope
- iv. insertion of arthroscopic equipment including scissors, scrapers, shaver and burr
- v. cartilage cells are mixed with concentrated cells from your blood and inserted back into the joint
- vi. infiltration with local anaesthetic
- vii. wound closure with stitches/sutures

THE RISKS OF SURGERY

All surgical procedures carry some risk. Fortunately, the risk of complications with ankle arthroscopy and insertion of Autocart surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Failure of regeneration of new cartilage
- Complex regional pain syndrome
- Scarring/stiffness
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Pain killers may be required for up to 6 weeks.

Xarelto tablets (to prevent deep venous thrombosis): for 6 weeks

Protected weight bearing: 6 weeks

- 2 weeks touch weight bearing in back slab on crutches
- 4 weeks weight bearing as tolerated in AirCast walking boot

Return to non-weight bearing activities e.g. swimming: 2 weeks

Commence physiotherapy: 2 weeks post-surgery

Return to light jogging: 12-18 weeks post-surgery

Return to most activities: 6 months post-surgery

Full recovery: Up to 12 months.

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

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0563. After hours, please contact the hospital where your surgery was performed.