ROBERT PETTIT, MD

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FOOT & ANKLE · PREPARING FOR SURGERY

Preparing for Your Ankle Arthroscopy

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Ankle Arthroscopy is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR ANKLE ARTHROSCOPY

Ankle arthroscopy uses a small camera and instruments through two tiny portals to treat problems inside the ankle joint — bone spurs and impingement, inflamed tissue, loose bodies, and cartilage damage.

It is an outpatient procedure, typically 30–60 minutes, with two Band-Aid-size incisions.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Arthroscopy is recommended when ankle pain, catching, or swelling persists despite therapy, bracing, and injections, and imaging or examination identifies a problem the scope can fix — anterior impingement spurs, synovitis, loose fragments, or an osteochondral lesion.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Infection (well under 1%)
- Temporary numbness near the portals from small skin-nerve irritation — usually resolves
- Swelling and stiffness that lag behind pain relief for several weeks
- Incomplete relief when arthritis is more widespread than the focal problem treated
- Blood clots (calf pain/swelling — call immediately)
- Anesthesia risks, reviewed by the anesthesia team

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day, usually walking in a boot or stiff-soled shoe as instructed.

- Elevate "toes above the nose" the first 72 hours — swelling control is the fastest route to motion.
- Ankle pumps and gentle motion begin immediately unless told otherwise (cartilage procedures may have specific limits).
- Most patients transition out of the boot within 1–2 weeks for simple debridement; cartilage treatment follows its own protocol.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Weight-bearing as tolerated for debridement/impingement surgery; cartilage (surgery) work may require protected weight-bearing — your instruction governs.
- **Brace / sling:** Boot or stiff shoe for comfort, typically 1–2 weeks for debridement.
- **Physical therapy:** Home program from day 1; formal therapy within 1–2 weeks. Protocol: robertpettitmd.com/protocols/arthroscopic-ankle-surgery.html
- **Driving:** Left ankle: when off opioids. Right ankle: typically 1–2 weeks, once you can brake confidently.
- **Follow-up:** Wound check at 7–10 days.

09 COMMON QUESTIONS

How fast is recovery?
For spur and impingement debridement most patients are in regular shoes by 2 weeks and back to sport by 6–12 weeks. Cartilage procedures take longer and follow their own protocol.

Will the spurs come back?
They can re-form over years, but most patients get durable relief; addressing the underlying instability or mechanics reduces recurrence.

When can I get the incisions wet?
Showering at 3 days with the portals covered until sealed — no soaking or swimming until cleared.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/ankle-arthroscopy.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.