DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

# Ankle Arthroscopy Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

**Dr. Kaisen Yao, MD**

## Welcome

This booklet covers what to expect before, during, and after ankle arthroscopy, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

## Meet Your Surgeon



### Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

**He sees patients at the following locations:**

**Lenox Hill Hospital**
130 E 77th Street, 7th Floor
New York, NY

**Astor Place**
740 Broadway, Suite 604
New York, NY

**Downtown Brooklyn**
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

## Anatomy of the Ankle

The ankle joint is formed where the shinbone (tibia), the smaller bone alongside it (fibula), and the top of the foot bone (talus) meet, forming a stable mortise that allows the foot to move up and down. The joint is lined with smooth articular cartilage and surrounded by ligaments and a capsule that provide stability.

A variety of conditions can affect the inside of the ankle joint — impinging bone spurs at the front or back of the joint, scar tissue from prior sprains, loose bodies, or damaged cartilage (sometimes from an osteochondral lesion of the talus). These can cause pain, catching, swelling, or a pinching sensation with certain movements, especially in athletes who repeatedly point or flex the foot.

## Ankle Arthroscopy Surgery

Ankle arthroscopy is an outpatient, minimally invasive surgery in which Dr. Yao uses a small camera and specialized instruments through a few small portal incisions to directly visualize and treat problems inside the joint — removing bone spurs or scar tissue, addressing cartilage damage, or removing loose bodies, depending on what is found.

Because it is less invasive than an open procedure, ankle arthroscopy generally allows for a quicker recovery than open ankle surgery, though the exact weight-bearing and activity timeline depends heavily on what was treated during your procedure.

## Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a slower recovery. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical ankle and lower leg for the 5 days leading up to surgery.

4. Wear loose-fitting clothing on the day of surgery — you will leave in a boot or splint.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

## Boot & Crutch Instructions

Most patients leave surgery in a removable walking boot; some procedures (such as cartilage work) may require a period of splinting and non-weight bearing instead. Make sure your crutches, if needed, are fitted properly: standing normally, there should be about two finger-widths between the top of the crutch and your armpit, with hand grips at wrist level and elbows slightly bent.

- Wear the boot at all times when up and walking, removing it only for hygiene or specific exercises as directed.
- Follow your specific weight-bearing instructions closely, since these depend on exactly what was done during your surgery.
- Elevate the leg above heart level as much as possible in the first week to control swelling.
- Bear weight through your hands, not your armpits, if using crutches — underarm pressure can cause numbness.

## Day of Surgery

**What to expect:** This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

**Anesthesia & nerve block:** Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block (often a popliteal or ankle block) for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves behind the knee or at the ankle. The block typically numbs the foot and ankle for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

**Benefits of a nerve block include:**

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

## Postoperative Instructions: Weight Bearing & Walking

Your specific weight-bearing status is determined by what was treated during surgery — Dr. Yao and the care team will let you know before you leave the surgery center. Simple debridement or spur removal often allows weight bearing as tolerated in the boot, while cartilage procedures typically require a period of non-weight bearing to protect healing.

Walking within your assigned weight-bearing status and boot will not damage the surgical repair. Most patients use crutches for balance and protection for 1–4 weeks, depending on the procedure performed.

## Resting & Sleeping

Sleep with the boot on as directed, and keep the leg elevated on a pillow to help control swelling, especially in the first week.

## Bandages, Dressing & Bathing

A dressing covers your incisions under the boot — please leave it in place and dry until your follow-up visit. You may shower with the boot off briefly, keeping the dressing dry using a plastic covering, or sponge bathe in the meantime. Use a shower chair for stability if needed.

If the dressing loosens, becomes soaked, or falls off, re-wrap it with clean gauze and an elastic bandage and contact our office so we can see you sooner if needed.

## Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

## What's Normal During Recovery

**Constipation.** Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

**Swelling.** Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

**Bruising.** Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

**Low-grade fever.** A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

**Blood clot precautions.** Moving frequently — pumping the ankle if you're not weight-bearing, or walking as directed — helps prevent blood clots. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

## When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

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| **Practice number** | 718-208-1440 |
| **After hours / weekends** | 718-208-1440 |
| **Patient portal** | Epic MyChart |
| **Emergencies** | Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital |

**Greenwich Village Hospital** (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
**Lenox Hill Hospital** — 100 East 77th Street, New York, NY 10075

## Exercises — Starting Day 1 After Surgery

Perform these gentle exercises as directed until your first physical therapy visit, typically within the first 1–2 weeks. Your specific exercise progression depends on what was treated during your arthroscopy.

**Ankle pumps.** Sitting or lying down, gently pump the ankle up and down within a comfortable range. 20 reps, 3 sets, several times a day to help circulation and swelling.

**Toe curls and spreads.** Gently curl and spread your toes to maintain foot mobility and circulation. 10–15 reps, several times a day.

**Knee and hip motion.** Keep the knee and hip moving through their full range while the ankle recovers, to maintain overall leg strength and circulation.

**Ice and elevation.** Ice the ankle for 20 minutes several times a day, keeping it elevated above heart level when resting, to control swelling.

## Frequently Asked Questions

### Do I sleep in the boot?

Yes, until you're told otherwise at a follow-up visit.

### How much weight can I put on my foot?

This depends entirely on what was treated during your surgery — Dr. Yao will give you a specific weight-bearing status before you leave the surgery center, ranging from full weight bearing to a period of no weight bearing.

### How much pain should I expect?

Ankle arthroscopy is generally less painful than open ankle surgery. Expect manageable discomfort for the first several days, improving steadily with ice, elevation, and rest.

### When can I drive?

Generally once you are off narcotic pain medication, out of the boot (for a right ankle), and can comfortably and safely operate the pedals.

### When can I return to work?

Desk jobs: often within 1–2 weeks, once off narcotics. Physical or labor-intensive jobs: typically 6–12 weeks, depending on what was treated and demands of your job.

### When can I return to sport?

Light activity often resumes within 6–8 weeks for simple procedures; cartilage procedures typically take 4–6 months. We'll tailor this to your specific case.

### How long will I need physical therapy?

Typically 6–12 weeks, longer for cartilage procedures, focused on restoring motion, strength, and balance.

### Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

## Rehabilitation Overview

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| **0–2 weeks** | Boot worn per your weight-bearing status; elevate and ice frequently. Begin gentle toe and ankle-pump exercises; start formal physical therapy within the first 1–2 weeks. |
| **2–6 weeks** | Progress weight bearing and ankle motion as directed. Wean out of the boot as strength and comfort allow. |
| **6 weeks–3 months** | Continue strengthening and balance work. Stationary biking and low-impact conditioning often begin during this window. |
| **3–4 months** | Progress toward light jogging and agility work as strength and motion allow (sooner for simple procedures, later for cartilage work). |
| **4–6 months** | Return to sport, contingent on passing strength and movement-based testing — not on time alone. |

This is a general framework — your pace may differ significantly based on exactly what was treated during your arthroscopy and how your ankle responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.