

## **Ankle Ligament Reconstruction**

### **What is ankle instability?**

Ankle sprains are one of the commonest injuries presenting to emergency department. Most sprains cause mild disruptions to the ligaments (supporting structures around joints which connect bones together) and heal fully within six weeks of injury. If the ligaments are severely disrupted, patients may have ongoing weakness or giving way of the ankle beyond this period. The chance of developing a chronic laxity of the joint is around 30%.

### **What are the symptoms?**

- Instability / giving way especially on uneven ground, playing sport.
- Pain
- Weakness in the ankle
- Swelling and bruising

### **What treatments are available?**

After examination surgeon will decide whether you need an MRI scan to assess the ligaments. Any additional damage to the cartilage is also evident on the MRI scan. The first line of treatment is usually physiotherapy. A significant proportion of patients respond well enough to physiotherapy, so that surgery is no longer necessary. Various ankle braces and orthotics (insoles) are also available, and your surgeon can give you guidance with this. Surgery is advisable after the failure of conservative measures.

### **What does the operation involve?**

The operation is carried out under general anaesthesia as a day case, or with an overnight stay. The most common operation is called a BrostromGould lateral ligament reconstruction, where the ligaments are repaired through an incision on the outside of the ankle. Most of occasions the surgery is augmented by key hole surgery to assess the joint cartilage. The ligaments are repaired back to the bone using absorbable suture anchors shown above.

### **Is it painful?**

Whilst you are in hospital the nursing staff will give you pain killers as required and prescribed. When you are at home you may find Paracetamol or Ibuprofen (if tolerated) useful for controlling any pain. Instructions on management of pain will be given by the nursing staff before you leave the hospital.

### **How long does recovery take? / What happens after surgery?**

Most patients go home the same day or stay overnight. You will have a “plaster backslab” and will not be allowed to weight bear for 2 weeks. Your back slab and wound dressings will be changed and stitches removed (if applicable) during your followup appointment, which is usually 2 weeks after the operation. At this stage you will be given a Weightbearing fibreglass cast for another 4 weeks. At 6 weeks your plaster will be removed, you will be given an air cast brace and referred to physiotherapy which continues for another 4 weeks. Over the next six weeks, you will gradually increase your activity, whilst wearing the brace. After 12 weeks, if rehabilitation has gone well, you may return to sport, initially wearing the brace. It is not unusual to wait up to six months after surgery to return into contact sports. Swelling is quite common after surgery and this is best managed by elevating the foot at regular intervals. Patients having had the left ankle operated on will be able to drive an automatic car within two weeks. Those who have had an operation on the right side will be able to drive after about 68 weeks. You are advised not to fly after surgery for about six weeks. Swimming will be possible after plaster comes off.

Please follow “Precautions following Surgery” as mentioned elsewhere on this website.

### **When can I go back to work?**

This will depend on the type of work you do. If you have a desk job, you should be able to return to work with your foot up in the boot or plaster after 24 weeks. If on the other hand you do manual work, you may need up to 8 weeks off work.

### **What can go wrong?**

All operations have an inbuilt risk and complication rate. The risks for ankle ligament reconstruction are as follows:

- Infection
- Nerve injury ( causing numbness around scar or foot )
- Stiffness & swelling
- Deep vein thrombosis (blood clot in vein)
- Reinjury / Recurrent ankle instability
- Ongoing pain (including complex regional pain syndrome)
- Future risk of arthritis and failure of the repair

The above complications are rare but can occur.

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