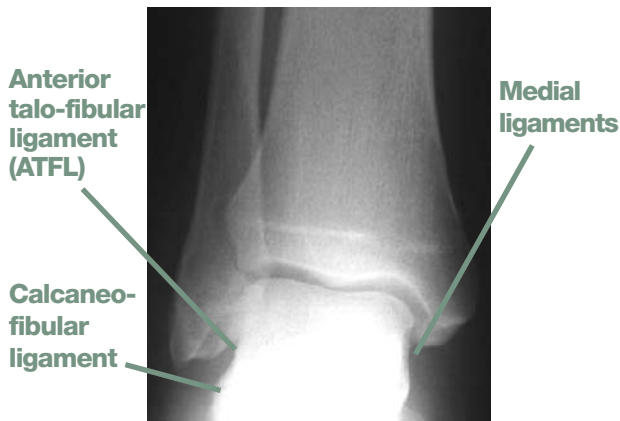
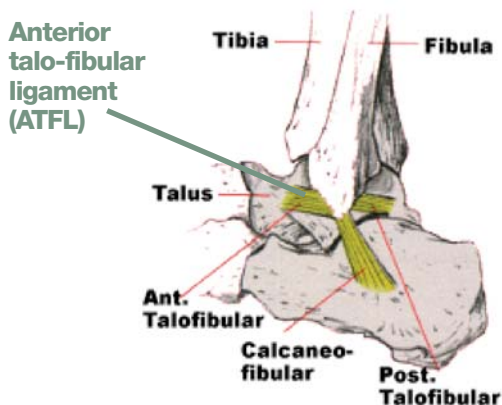


# Ankle Ligament Reconstruction

## Xray view - front of the ankle



## Diagrammatic view - outside aspect of the ankle



## Post-operative Recovery Protocol

<b>Type of Procedure:</b>	Day Case Surgery
<b>Length of Procedure:</b>	1 hour
<b>Anaesthesia:</b>	General anaesthesia and nerve block

*You have torn the ankle ligaments and a repair of the ligaments is necessary to tighten up the ankle and prevent further episodes of twisting / sprains.*

There are two main ligaments which will be repaired and tightened. In order to re-attach the ligaments and tighten them, metallic anchors to which the stitches are attached, are inserted into the bone (the fibula). At the same time, keyhole surgery to the ankle joint is usually performed in order to inspect the joint for damage and remove inflammatory tissue which can develop with ligament instability (this tissue can contribute to painful symptoms if it is not removed). Following surgery, you will be in a plaster for 2 weeks and will need to use crutches for 3 weeks. After 3 weeks, you will be able to start walking in a specialised splint and begin physiotherapy (wearing the splint at all times). The splint is worn for a further 7 weeks and then you can begin to reintroduce sport (10 weeks post surgery). Physiotherapy is an important part of your recovery.

## Alternatives to surgery:

- Accept level of symptoms and limit activity to control these symptoms
- Wear an ankle foot orthosis (AFO "brace") to stabilise ankle
- Physiotherapy treatment will usually have been tried before discussing surgery

## Main Risks Of Surgery:

**Swelling/Scar** - Initially the foot and ankle will be swollen and needs elevating. The swelling will disperse over the following weeks and months but will remain evident for up to 3-6 months. The scar can cause irritation to begin with but usually settles to a great extent over the first 4-6 weeks.

**Wound healing problems** - The risk of serious wound healing problems is approximately 1%. It is important to keep the foot elevated over the first 10 days to reduce the swelling and risk of wound healing problems. In rare circumstances when the wound is problematic, further surgery can sometimes be required.

**Infection** - The risk of deep infection occurring is approximately 1%. You will be given intravenous antibiotics to help prevent this. It is important to keep the foot elevated over the first 10 days to reduce the swelling and risk of infection. If there is an infection, it may resolve with a course of antibiotics but may require a period of hospitalisation or rarely, further surgery.

**Nerve damage** - The superficial peroneal nerve is close to the incision. This supplies sensation to the top surface of the foot. This may rarely (1%) be damaged during the surgery and this may leave a patch of numbness on the top surface of the foot. This numbness may be permanent would not affect function.

## Main Risks Of Surgery Cont...

**Re-rupture of the Ligaments** - Following surgical repair of the ligaments there is no evidence to suggest that you are at higher risk of repeat injury to them but in some cases the shape of the hindfoot can predispose you to ankle sprains and this will be discussed pre-operatively as very occasionally further surgery can be advised to try and reduce this risk. It is very important that patients follow the post operative instructions provided to minimise the risk of further problems.

**Deep Vein Thrombosis (DVT)** - This is a clot of blood in the deep veins of the leg. The risk of a clot occurring is reported as less than 1% after foot and ankle surgery which is generally substantially lower than after hip or knee surgery. Suspicion of DVT is raised if the leg becomes very swollen and painful. There are tests that can be performed to confirm / exclude the presence of a DVT. If confirmed, you will probably require treatment with a blood thinning agent (heparin preparation and / or warfarin). The main concern with regards a DVT is that rarely (<1:1000 chance with foot and ankle surgery) a piece of clot can break away in the leg and travel to the lungs which is much more serious and can be life-threatening. This is called a pulmonary embolus and signs of this include chest pain and shortness of breath.

For the first 2 weeks following surgery it is likely that you will be treated with a blood thinning agent (LMWH - low molecular weight heparin injections) to minimise the risk of DVT / PE but this does not afford total protection and exercises to keep the toes and knee moving are advised, as well as remaining generally mobile.

*If you are concerned that the leg has become more swollen and painful (some swelling always occurs after surgery), or if you experience chest pain / shortness of breath, then you should contact the hospital, general practitioner, or accident and emergency department immediately.*

## Sick Leave

In general 4 weeks off work is required for sedentary employment, 12 weeks for standing or walking work and 16 weeks for manual / labour intensive work. We will provide a sick certificate for the first 2 weeks; further certificates can be obtained from your GP.

## Driving

Usually you may return to driving after outpatient review at 2 weeks

*These notes are intended as a guide and some of the details may vary according to your individual surgery or because of special instructions from your surgeon.*

## sussexfoot&anklecentre

The Sussex Foot & Ankle Centre was founded in 2005 by two orthopaedic surgeons, David Redfern and Stephen Bendall, with the aim of providing a high quality specialist service for the diagnosis and treatment of all foot and ankle problems. Both orthopaedic surgeons are specialists in problems affecting the foot and ankle and have many years of experience. They operate the service with outpatient clinics at the Brighton and Haywards Heath Nuffield Hospitals.

The sussex foot and ankle center strives to provide the best advice and treatment for all foot and ankle problems. This includes sports injuries and trauma, bunions, metatarsalgia, and arthritis. Both surgeons have particular interests in minimally invasive surgery and are at the forefront of developing such techniques in this country.

Both surgeons are also academically very active and have appointments within the national (BOFAS) and international (EFAS) professional foot and ankle surgery societies.

## Lateral Ligament Reconstruction Post-Operative Course

### Day 1

- Below knee cast (backslab plaster) applied at end of surgery
- Expect some numbness in foot for 12-24 hours
- Pain medication and elevation of foot
- Blood drainage through cast expected
- Mobilisation non-weight bearing with physiotherapist (crutches)
- No weight through operated leg for 3 weeks
- Treatment with LMWH injections
- Discharge home usually possible on day of surgery (otherwise overnight stay)
- May shower / bath if able to keep leg dry

### 2 Weeks

- Outpatient review of wounds (and removal stitches if necessary)
- Cast replaced with stirrup splint
- No weight bearing on operated leg until 3 weeks post surgery
- Patient to remain in stirrup at all times (day and night)
- Supervised and unsupervised physiotherapy may begin. **Only include:**
  - Swelling control - ice, elevation, effleurage and massage as appropriate
  - Scar mobilisation
  - Gentle active exercises until 3 weeks post surgery
- Usually you may return to driving after outpatient review at 2 weeks

### 3 Weeks

- May begin full weight-bearing in stirrup splint
- Stirrup splint to be worn until 10 weeks post surgery
- Physiotherapy to continue as instructed by physiotherapist **including:**
  - Regime as for an acute lateral ligament sprain

### 10-12 weeks onwards

- Outpatient review
- Physiotherapy to continue:
  - Re-introduce sport (consider AFO for further 4 weeks during sport)

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