

Ankle lateral ligament repair / reconstruction



What are the indications for this surgery?

Surgery is considered when you have an unstable ankle (ankle 'gives way') that does not respond to non-surgical treatment. Four to six months of non-surgical treatment (physiotherapy and ankle rehabilitation) is often recommended before surgery. The goal of this surgery is to restore stability to the ankle.

Patients with nerve or collagen diseases may not be helped by this type of surgery. Other diagnoses, including ankle joint arthritis, may require different surgeries that treat the bones and joints. Chronic pain does not necessarily improve following surgery even once ankle stability has been restored.

How is the operation done?

You will be admitted on the day of operation. The operation takes about 1 hour and is routinely done under a general anaesthetic as a daycase procedure. Occasionally a spinal anaesthetic may be considered.

This procedure is often combined with an arthroscopy (keyhole) of the ankle. The 'keyhole' operation is undertaken first to identify and deal with any problems with the joint. In some patients, a concomitant joint problem may be present (e.g., cartilage damage) that may not have been detected on your pre-surgery MRI scan.

Following the arthroscopy (done through 2 small incisions) the lateral ligaments are reconstructed through a separate incision on the side of the ankle. Your existing ligaments are repaired / reattached with a bone anchor / stitches. This repair is often made stronger by support from other tissues. This is referred to as the modified Bröstrom procedure. Very occasionally (mainly in revision [re-do] cases), a tendon may be used to replace the torn ligaments.

The wounds are closed with dissolvable stitches. Your ankle will be protected in a below-knee backslab.

After the operation

You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

It is important to keep the leg elevated as much as possible especially for the first 2 weeks. You will be non-weight bearing on the operated leg for 2 weeks. After that, you will be placed in a boot / plaster and allowed to weight-bear. After 6 weeks, your boot / plaster would be removed and rehabilitation commenced.

Your first clinic follow-up is usually 12 to 14 days after surgery.

Wound care – The ankle would be protected in a backslab for 2 weeks. This should be kept dry. At your first clinic appointment, wound inspection and suture removal would be undertaken.

Work - If you have a sedentary job you should be able to return to work within 2 weeks (if you can arrange safe transport). If your job is physical, you may need to stay off work until the boot is removed.

Sport - You should avoid sport for at least 2 months from surgery. When to return to sport after that depends on the speed of recovery and type of sport (contact sport should be avoided for up to 4 months). Essentially, you should not take part in sports until there is no further swelling within the joint and the leg is strong enough to exercise on comfortably. Advice from the doctor or physiotherapist is important in this regard.

What risks are there involved in the procedure?

- Infection
- Nerve damage — causing numbness and painful scar
- Deep vein thrombosis (DVT) and pulmonary embolism (PE) — blood clots in the vein or lungs
- Rupture of the reconstruction
- Prolonged swelling and stiffness
- Residual pain and instability

It is beyond the scope of this document to identify all the most extreme (less than one in a thousand) risks that you might be prone to but we will be very happy to discuss any worries about specific concerns and also about any family history or your own personal history of problems in the past which are much more relevant. If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with us.