

Patient Information: Lateral Ligament Repair or Reconstruction

What is ankle instability?

Ankle instability is where the ankle gives way on activity; for some patients this will be only on playing sports, for others it can be with minimal activity. It is due to tearing of the ankle ligaments and them not healing or healing lax (floppy). This can either be from one significant injury or repetitive smaller ones. It is more common in people with joint hyperlaxity (double-jointed) or with limb malalignment (eg high arched foot)

What does the operation involve?

This is an operation usually performed under general anaesthetic, as a day case procedure. An incision is made on the outside of your ankle. The damaged ligaments are tightened with other tissue used to support them (a modified Brostrom-Gould procedure). In the most severe cases one of your tendons, a different type of strong stitches or a cadaveric tendon may need to be used. Either a backslab (half a plaster) from toe to knee or a walking boot will be put on at the end of the operation

It is quite common for your Surgeon to place a small camera (about three to four mms in diameter) into your ankle joint during the surgery.

This is done through two or three small incisions and allows the surgeon to see inside the joint, allowing for checking of the joint cartilage and possibly for the removal of scar tissue or extra bone.

When is this operation required?

The operation is performed:

- When other methods of treatment have failed (Physiotherapy rehabilitation and bracing).
- The aim is to make the ankle more stable. This will normally have the effect of making side-side movements of the foot stiffer

What can I expect after the operation?

This surgery is performed as a day-case procedure, meaning you return home that night. When you arrive back to the recovery ward from theatre your foot should be numb due to a local anaesthetic block, which is given to reduce pain. This will gradually wear off over around 12 hours. It is important to start taking pain relief before the block wears off.

A Physiotherapist will teach you how to walk with crutches.

At 2 weeks you will have your stitches removed. At 2-4 weeks the boot will be unlocked, to allow upward and downward motion of your ankle. The boot needs to be worn until you are seen in clinic at 6 weeks.

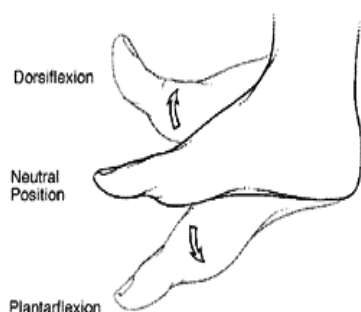
Patient Information: Lateral Ligament Repair or Reconstruction

What activities can I do?

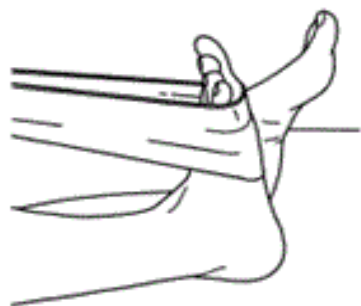
Foot and ankle exercises can begin at two weeks after surgery (see over). You will be referred to Physiotherapy for rehabilitation after surgery.

The general rule getting the ankle moving is to 'listen to your body'. You will tend to have good and bad days but it should gradually improve. Each new level of activity achieved will usually mean a temporary increase in pain. Symptoms are often related to the amount of swelling. General exercise progression is from non-weight bearing and non-impact (cycling and swimming – once wounds have healed) to low impact (stepper, elliptical/cross trainer, walking) to higher impact activity (jogging, exercise classes and sports).

Early exercises:



1. Move your ankle up and down as far as possible. Hold at the top and bottom for 5 seconds and repeat for 1-2 minutes.



2. Ensure that your ankle bends upwards fully by wrapping a towel around the ball of your foot and pulling upwards until a stretch

is felt in the front of the ankle or back of the leg. Hold 20 seconds. Repeat 5-10 times.

Work, Driving and Flying:

You can sometimes return to office work after 6 weeks. For those patients who cannot get into work /do more standing / do manual work may need 2-3 months off work.

After 6 weeks you can drive as long as the ankle is comfortable and you are out of the walking boot. It is important that you are safe making an emergency stop, and therefore practicing before embarking on a drive is sensible. More information available at www.dvla.gov.uk

According to the Department of Health flying should be avoided for 8 weeks after surgery. For further information see below: www.nhs.uk/chg/Pages/2615.aspx?CategoryID69

What are the more common risks of surgery?

Infection – The rate of superficial (skin) infection within our department is 1%, the majority of which will respond to oral antibiotics. The risk of deep infection is less than 1 in 200.

Thrombosis – The risk of getting a clot in your leg following ankle ligament surgery is small. Some patients may be at an increased risk.

Patient Information: Lateral Ligament Repair or Reconstruction

Your surgeon will advise on clot prevention therapy to yourself based on any noted risks. We advise that you drink plenty of water and move around as much as is sensible to reduce the chances of a clot.

Please be aware of symptoms of thrombosis, including:

- Significant swelling – you will have some swelling due to the nature of the surgery.
- Increasing calf tenderness.
- Heat and redness compared to the other leg.
- Shortness of breath or chest pain when breathing in.

If any concerns regarding these, please seek medical attention urgently

Ongoing pain

Some patients will have permanent pain after any operation. Usually this is at a low level, especially compared to before the operation. Sometimes it can be more severe. Usually a cause and treatment can be given for it but this is not always the case

Nerve injury – Numbness or tingling can occur around the wound or in the foot. This is usually temporary but in some it may be permanent. This happens in less than 1% of patients.

Recurrent instability – With time, it is possible for the tightened ligaments to become stretched again which may lead to a return of your symptoms. To prevent this it will be essential to follow your post-operative instructions and work with the physiotherapists.

Stiffness – slightly reduced inward movement of your foot can be expected after the surgery. If you carry out your exercises ankle stiffness is not common.

Complex regional pain syndrome - Some patients are susceptible to ongoing nerve pain and swelling following surgery or injury to their feet (or other parts of the body). This is caused by an over activity of the nerves in the limb. Some research has shown it can be reduced by taking normal over the counter Vitamin C starting around a week before the operation.

Further Information

The figures for complications given in this leaflet have been taken from the most up to date publications on this subject (as of October 2014).

Other reading:

- The British Orthopaedic Foot Surgery Society web site is available at: <http://www.bofas.org.uk/PatientInformation.aspx> (accessed May 2014).

Patient Information: Lateral Ligament Repair or Reconstruction

- The foot and ankle hyperbook: www.foothyperbook.com.
- Mann, R. Coughlin, M. and Saltzman, C. Surgery of the Foot and Ankle 8th edition, Elsevier, Philadelphia. 2008
- Myerson, M. Foot and Ankle Disorders. Saunders, Philadelphia. 2000

What if I need to contact someone?

Fracture Clinic –

Tel: 0151 529 2554 (Monday – Friday 9.00-5.30)

Leave a message on the answer machine stating your name and contact number and a member of staff will return your call.

Ward 17a – (always open for advice)

Tel: 0151 529 3511



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@aintree.nhs.uk