

Ankle Ligament Reconstruction

What is ankle instability and how is it caused?

Ankle injuries are extremely common, and the vast majority of ankle “sprains” (“twisted ankle”) recover fully within six weeks of injury. Occasionally, if the ligaments are severely disrupted, patients may suffer weakness or giving way of the ankle beyond this period.

What are the symptoms?

Most people with ankle instability complain of one or more of the following:

- The ankle gives way on uneven ground, playing sport or even just walking.
- Pain with each episode, which recovers quickly.
- Feeling of instability or weakness in the ankle.
- Swelling or puffiness.

What treatments are available?

Your surgeon may decide that you need investigation, such as an MRI scan, but the first line of treatment is usually physiotherapy. A significant proportion of patients respond well to physiotherapy, so surgery is not necessary. Various ankle braces and orthotics (insoles) are also available, and your surgeon can give you guidance with this. Surgery is only advised after the failure of conservative measures.

What does the operation involve?

Prior to the operation you will be seen in the Pre-assessment clinic or receive a phone call assessment. This is to ensure that you are fit to have surgery. The operation is carried out under general anaesthesia as a day case, or with an overnight stay. The most common operation is called a Brostrom-Gould operation, where the ligaments are repaired through an incision on the outside of the ankle. Usually the surgeon performs an arthroscopy, or keyhole examination of the ankle joint at the same time, to check the inside of the ankle joint for damage.

What about pain?

Whilst you are in hospital you will be monitored and the medical staff will give you pain relief as required and prescribed. You will be given pain relief medication to take home. Advice regarding this will be given by the nursing staff before you leave hospital.

How long does recovery take?

Most patients stay overnight or go home the same day. You will have a “back-slab” cast below the knee, and will be required to non-weight bear. After 10 days you will be seen in clinic when your wound will be checked and any stitches removed as required. At this stage you will be allowed to weight bear in a special removable ‘walker boot’ or sports ankle brace, although some

patients may require the use of a plaster cast. If you have a boot or brace, you may remove it to wash and perform exercises. At six weeks after the operation, any boots or casts are removed and you will commence physiotherapy using a sports ankle brace. Over the next six weeks, you will gradually increase activity to running, whilst wearing the brace.

Swelling is quite common after foot and ankle surgery and this is best managed by elevating the foot at regular intervals. You are advised to elevate the operated foot/ankle on a pillow every night and during the day on three separate occasions, e.g. 11am, 3pm and 6pm for about one hour each time. The above measures will help to reduce swelling of the ankle. These instructions should be followed for at least 10-14 days.

When can I go back to work and drive?

This will depend on the type of work you do. For example, if you have a desk job, you should be able to return to work with your foot up after 2-4 weeks. If, on the other hand you do manual work, you may need up to 8 weeks off work.

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 6-8 weeks. You are advised not to fly after surgery for six weeks.

What about sport?

Swimming will be possible after about 4 weeks.

After 12 weeks and if rehabilitation has gone well, you may return to sport, initially wearing the brace.

What are the possible complications?

- Infection
- Prolonged swelling
- Nerve injury
- Stiffness of the ankle
- Deep vein thrombosis (clot in vein)
- Pulmonary embolus (clot in lung)
- Recurrent ankle instability
- Post-operative pain (including complex regional pain syndrome)

The above complications are rare but can occur.

Useful contact numbers

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| Orthopaedic pre assessment | 0300 614 7778/7147 |
| Day Surgery Unit Heatherwood | 0300 614 4130/4131 |
| Main reception Treetops Ward Heatherwood | 0300 614 4159 |
| Therapy Office Heatherwood | 0300 614 4178 |
| Physio/OT ward office Wexham | 0300 615 3329 |
| Ward 1 Wexham Park | 0300 615 3010/3012 |
| Booking Centre (appointments) | 0300 614 7919 option 1 |
| Orthopaedic post op | 0300 6147207 |

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital

Telephone: 0300 613 6530

Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals

Telephone: 0300 615 3365

Email: fhft.palswexhampark@nhs.net

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| Frimley Park Hospital Portsmouth Road, Frimley, Surrey, GU16 7UJ | Heatherwood Hospital Brook Avenue, Ascot, Berkshire, SL5 7GB | Wexham Park Hospital Wexham Street, Slough, Berkshire, SL2 4HL |
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