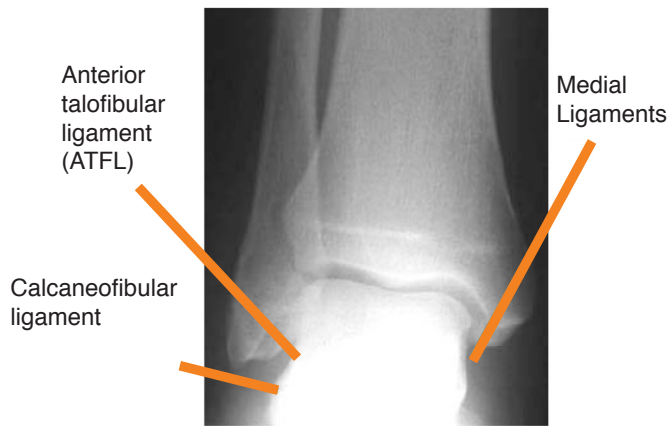
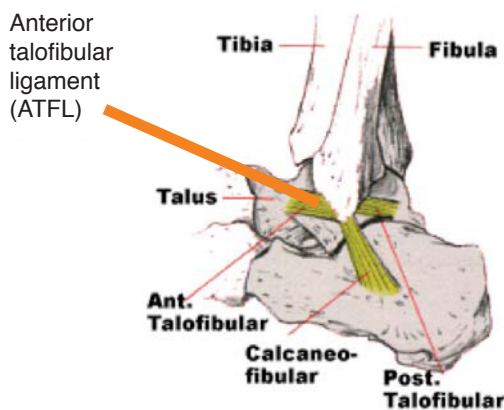


Ankle Ligament Repair



Diagrammatic view - outside aspect of the ankle



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 / labor intensive work. We will assist in completing the necessary paper work for your leave.

Driving

ONLY IF your surgery was exclusive to the left leg and you have an automatic vehicle should you expect to return to driving. This will be reviewed at your second visit at 2 weeks post-op. Otherwise you may be unable to drive until 3 months post surgery. 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.

You have torn or loose 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, may be inserted into the bone (the fibula). At the same time, arthroscopic or '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 posterior splint for 2 weeks and will need to use crutches for 3-4 weeks. After 3-4 weeks, you will be able to start walking in a specialized splint and begin physical therapy (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). Physical therapy 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 stabilize the ankle
- Physical therapy 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 to be elevated. The swelling will disperse over the following weeks and months but will remain evident for up to 3-12 months. The scar can cause irritation to begin with but usually settles to a great extent over the first 3 months.

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 hospitalization 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.

Ankle Ligament Repair

Post-operative Recovery Protocol

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. It may be necessary that further surgery will be necessary to try and reduce this risk. It is very important that patients follow the post operative instructions provided to minimize 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 (PE) 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 minimize 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 your surgeon or if not available, your general practitioner, or emergency department immediately.

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.