

Go back to work?

If your ankle is comfortable and you can work in a plaster with your foot up most of the time (in a desk job) you may go back to work within days. How long you are off will depend on the type of work you do. For a heavy manual job you may need 2-3 months.

Drive?

If you have your left foot operated on and have an automatic car you can drive within a few days of the operation, when your foot is comfortable enough. Otherwise you will have to wait until the ankle is strong and flexible enough to work the pedals, especially in an emergency situation. This will probably not be for 6-8 weeks after surgery. The DVLA advise that it is the patient that must decide when they are safe to drive.

Play sport?

Once you are into your ankle brace you can gradually increase your level of activity **under the guidance of your physiotherapist**. Once you can walk comfortably you can start running, swimming and cycling, increasing the distance covered gradually. Once you can run comfortably, you could try some turning and jumping. Use of a wobble board is advised at this time. As your strength and stability recovers you can go back to low-impact, non-contact sports and finally to full contact sports. It is common to take 6 months to return to sports such as football or rugby.

WHAT ARE THE RISKS?

The repair may be too tight. The ankle feels stiff and may not recover full flexibility. Over a period of years this can loosen off but does not always do so. The repair may be too loose. The ankle still feels lax and gives way. Most people find it better but not perfect whilst a few need repeat surgery using a ligament replacement technique. The ankle may continue to give way even with a good repair which is not loose. This is because the small nerve endings in the ankle are not working well, the

peroneal muscles have not recovered their strength or the Achilles tendon is tight. Physiotherapy usually improves this, but a few people need to wear an ankle brace for sport permanently.

The cuts usually heal up quite quickly. Infection of the cuts can happen as we all have bacteria on the skin. If a bacterium gets into the wound you will be aware because it becomes red hot swollen and tender. If this happens get to your GP or practice nurse. Have the sutures removed early and have the dressings changed. Occasionally your GP may prescribe antibiotics. This is most common with people who smoke.

The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 10% of people they are stretched or small nerve branches are cut. This produces a numb, sometimes tingly, occasionally painful area over the top or outer side of the foot. In 50% of the few affected people this gets better over 6-8 weeks.

Thrombosis is rare after ankle arthroscopy because most patients walk soon after the operation.

Should you have any further questions about this procedure please do not hesitate to ask your Orthopaedic and Trauma Surgeon.



Ankle Stabilisation

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ANKLE STABILISATION

INTRODUCTION

Ankle stabilisation is a procedure to make an unstable ankle that keeps giving way more stable. The Brostrom operation is the commonest operation with fewer side effects. It is a repair of damaged ligaments on the outer ("lateral") side of the ankle.

WHAT IS INVOLVED?

If you have torn the ligaments on the lateral side of your ankle and the ankle keeps giving way, you would normally initially be prescribed a course of physiotherapy to settle down inflammation and bruising in your ankle and strengthen the muscles on the outside of your ankle (peroneal muscles). This improves the problem and allows most people to get back to normal activities.



If it does not, we would then suggest a further assessment including stress radiographs and an MRI scan of your ankle. Occasionally, your surgeon may recommend an "ankle arthroscopy" and there is a separate information sheet about it at www.SOC-Bristol.co.uk

If the investigations confirm that your ankle is truly unstable and there is nothing else the matter we would recommend a simple repair of the ligament.

This is the Brostrom operation. Occasionally the ankle arthroscopy and Brostrom repair are performed at the same time.

A cut is made over the outer side of the ankle. The remains of the torn ligament are found. Small grooves are made in the bone on the outer side of the ankle (the "lateral malleolus"). Special sutures are used to reattach the ligament to the bone. The skin is closed, usually with a dissolving stitch buried under the skin. A plaster is applied to the leg.

Occasionally the ligament is so badly damaged, or the ends are so scarred, that it cannot be repaired. In that case, the ligament would be replaced with a piece of tendon from the outside of your ankle. The cut for this is longer and a second cut may be needed higher up the leg to get the tendon free. The free piece of tendon is attached to the bone with stitches tied through small anchors in the bones where your ligaments normally run. The skin is closed, usually with a dissolving stitch buried under the skin. A plaster cast or a plaster splint down the back of your ankle and under your foot will be applied while you are asleep depending on your surgeon's preference.

CAN IT BE DONE AS A DAY CASE?

It is usual to stay one night after the operation to allow adequate pain control. Your hospital stay will be discussed and arranged in the clinic when surgery is offered.

WILL I HAVE TO GO TO SLEEP (GENERAL ANAESTHETIC)?

The operation is usually performed under general anaesthetic (asleep). Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be injected into your ankle while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets after the operation if you need them.

WHAT WILL IT BE LIKE AFTER?

We will examine your ankle the day after surgery. If you have not had a complete plaster cast and if the swelling is going down and the wound looks healthy we will put on a complete plaster from your knee to your toes. You can walk on this once it is dry. You will be given a plaster cast shoe for this.

You can go home when comfortable and safe. You will be seen in the clinic 10-14 days after your operation. The plaster will be removed and the wound inspected. A plastic splint will be applied to your ankle which allows your ankle to move up and down but not side to side. You can walk with your full weight on this.



Physiotherapy may be arranged to start getting your ankle going again. Another clinic appointment will be made for 4-6 weeks later. At this time the splint will be removed and the ankle examined.

HOW SOON CAN I:

Walk on the foot?

You can walk on your plaster when it is dry. You can walk fully on the foot as soon as it comes out of plaster, wearing your ankle brace.