NHS
Salisbury
NHS Foundation Trust

Ankle Ligament Reconstruction

Why do I need a lateral ligament repair?

Most ankle sprains heal by themselves. For a small number of patients, the ligaments do not heal, or heal in a lengthened position so are no longer tight. Because these lax ankle ligaments can no longer hold the ankle in place, the ankle tends to give way and becomes unstable, especially on uneven ground or when changing direction quickly. In most cases, this can be improved with physiotherapy. If not, ligament repair may be required.

This operation should:

- Improve function and mobility
- Improve pain relief, with less reliance on painkillers
- Improve ankle stability
- Lessen the need for orthotics or ankle braces
- Allow you to return to full sporting activity.

Please note that full recovery may take up to 12 months.

Are there any alternatives to surgery?

Non-surgical measures including physiotherapy, bracing (supports) and painkillers will have been tried before going ahead with a reconstruction. The alternative is to adapt your activities and life style to accommodate the instability and manage the pain with painkillers. A steroid injection can also sometimes help.

Before your admission

Before coming in for surgery, there are some things you may need to consider, for example, can someone help you carry out basic everyday tasks such as shopping and preparing food? If you have stairs, how will you manage them? Do you have sturdy hand rails? If your toilet is downstairs, would it be easier to have your bed downstairs until you have recovered and can go up and down the stairs safely?

It is a good idea to get things organised for your discharge from hospital.

- Help with household tasks
- Food cupboards stocked up
- Help with shopping
- Help with children and pets. Relatives organised for your return home
- Someone to bring you to and from the hospital.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customercare@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Name: Katharine Wilcocks
Role: Advanced Clinical Practitioner Physiotherapist in Orthopaedics
Date written: June 2018
Review date: July 2021
Version: 1.0
Code: PI1505

What to bring with you

Please ensure that you have a flat sturdy shoe to wear on the un-operated foot after the operation. If you use a walking stick or crutches, please ensure you bring these with you too.

What is involved in this operation?

The operation is carried out under general anaesthesia. The ligaments are repaired through an incision on the outside of the ankle. Occasionally the surgeon also performs a keyhole examination (arthroscopy), of the ankle joint at the same time to check the inside of the ankle joint for damage.

Risks associated with the operation

- Stiffness of the foot and ankle
- Bleeding from the wounds
- Swelling
- Delayed wound healing
- Infection
- Pain
- Injury to nerves – numbness or tingling can occur at the wound or in the foot. This is usually temporary, but in some it may be permanent.
- Blood clots - deep vein thrombosis (DVT) or pulmonary embolism (PE) is rare. If you or your family have a history of either of these, please tell us.
- Need for further surgery
- Continued instability.

What to expect after the operation

After the operation your leg will be in a plaster cast back slab (half plaster) from toe to knee. Make sure you do not get the plaster wet. You will have stitches or staples with a dressing covering the wounds.

You must keep your leg raised above groin level for 55 minutes in every hour for the first 2 weeks following the operation. This helps to reduce swelling. Then you must continue to prop your leg up whenever you are sitting for the next few weeks/months.

A physiotherapist will see you on the ward and show you how to walk using a walking aid. You are not allowed to put weight on your operated ankle while it is in the plaster cast. If you have to use stairs at home, you will be taught the safest way to do so.

Outpatient review

After 2 weeks, the plaster will be removed, the wound checked and the stitches removed. If the team in the clinic are happy that everything is progressing as it should, you will be fitted with a walking boot and told how to start putting weight through your leg.

You will be referred for physiotherapy by your consultant at your 2-week clinic appointment. They will give guidance to help reduce swelling, encourage movement, and regain strength, balance, function and stability. Physiotherapy is an essential part of your treatment. Without this, you have a higher risk of spraining your ankle again.

How long does recovery take?

This is a general guide only. People progress and recover from their surgery at different rates. If your surgeon gives you different advice, then you should follow that.

Days 1 – 14 after surgery

Most patients go home the same day or the day after the operation. You will have a plaster cast below the knee, and will be required to non-weight bear for 10-14 days. A physiotherapist will assess you for an appropriate walking aid (such as crutches) and teach you to 'hop' using them. You will also be shown how to go up and down stairs.

Swelling is common, particularly whilst the wounds are healing. In order to reduce swelling, your foot should be elevated for 55 minutes in every hour for the first two weeks.

The next day the local anaesthetic will start to wear off so you will feel increased soreness. Avoid this by taking the painkillers given to you.

You should keep your foot raised when you are not walking for the first 2 weeks after the operation. If your foot is hanging down; it swells, becomes sore and the toes can become a slightly purple colour. It is normal to see mild bruising and some dry blood on the foot. By the end of the first 2 weeks any pain you feel will have significantly reduced.

If the plaster cast feels tight, you must contact us for advice. See page 5 for numbers.

After 10-14 days you will probably be allowed to weight-bear in a special removable 'walker boot', although some patients may need to continue with the plaster cast. You will be advised to gradually put more weight down through your operated leg, so you can eventually put your full weight down through this leg. If you have a walker boot, you may remove it to wash and perform exercises, but you should not weight bear without the boot.

The boot should be worn until 6 weeks after the operation. Your physiotherapist will advise you on reducing the use of the boot and starting to use an ankle brace. The ankle brace should be worn until week 12 or as advised by your physiotherapist. They will also continue to progress your exercises.

Getting back to normal

- **Returning to work:** If your job is mostly sitting, you may be allowed back to work after 4 weeks, provided you can keep the leg raised. However, if your job is more physical and involves long periods on your feet, then it may take longer.
- **Walking:** You should be out of the boot/plaster cast and walking normally by 6 weeks. However, this depends on whether the surgeon has placed any specific restrictions on you and it may take longer.
- **Driving:** If you have an automatic car and had surgery on the left ankle, you can usually drive 2 weeks after your operation. Otherwise, it may take about 2 months to

be able to drive. To drive safely, you must be able to do an emergency stop. Also, you must tell your insurance company about the type of operation you have had to ensure that your cover is valid.

- **Sport:** Resuming sporting activity depends on your operation and how quickly your strength, movement and balance recover. Generally you can return to low impact sports between 3 and 6 months after your operation, but returning to high impact sports can take up to a year.

Things to look out for

- **Swelling** – you should expect some swelling after your operation. If swelling persists or worsens and you are concerned, seek advice from a member of the team or your GP.
  - » Orthopaedic outpatients for plaster cast or wound concerns.
  - » Therapy for mobility issues.
  - » Outpatient physiotherapists after 6 weeks, with exercise queries.
- **Infection** – any operation is at risk of infection. Fortunately, it is not common in this type of surgery but a small number of patients do get a wound infection which normally settles after a short course of antibiotics. Rarely the infection may be more severe and needs further surgery to remove infected tissue with a longer course of antibiotics.
- **Blood clots** – deep vein thrombosis (DVT) or pulmonary embolus (PE) are rare but can occur. Please tell the team if you have had a DVT or PE in the past or if you have a family history of clotting disorders. You must continue the circulation exercises at the end of this leaflet and given to you by the physiotherapist. You also need to drink plenty of water. You may be prescribed medication to thin your blood to help prevent clots. Your consultant will discuss this with you.
- **Numbness or tingling** – this can occur at the surgical site if small nerves are cut or more major nerves are stretched. This is normally temporary; however, patchy numbness or sensitised areas may be permanent. Rarely the nerves can become hypersensitive, in a condition called complex regional pain syndrome. This can lead to severe pain as well as colour and temperature changes in the foot. If this happens, your consultant will discuss treatment with you.
- **Wound healing** – if blood supply to the area is not good, wounds may be slow to heal. If this is the case, more frequent wound dressings may be required to ensure the wound does not become infected.
- **Scarring** – any type of surgery will leave a scar. Occasionally this can cause pain and irritation. If it does please speak with your consultant.

Report severe pain, massive swelling, chest pain, excessive numbness or pins and needles straightaway at your nearest Emergency Department.

Circulation exercises

When you have your ankle raised, we recommend that you complete the following exercises every waking hour.

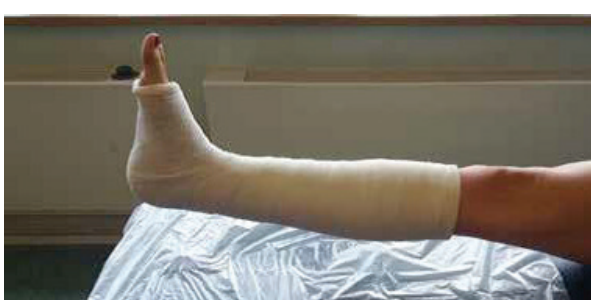
1. Active toes movements


Bend and straighten your toes

2. Static Quads

Brace your knee back tightening your thigh muscles. Hold for 5 seconds and repeat 10 times

3. Straight leg raise



Lift your leg off the bed keeping your knee straight. Hold for 5 seconds and then slowly lower.

Repeat 10 times.

Contacts

If you have any queries, please contact:

- Orthopaedic Outpatients: 01722 336262 ext 2441
- Orthopaedic Therapy 01722 336262 ext 3111
- Your local physiotherapy department.

Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ
www.salisbury.nhs.uk