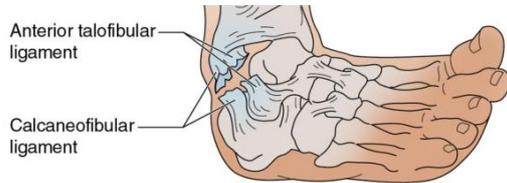


Dr Sarah Watts Ankle Ligament Reconstruction.



When lateral ankle instability becomes a problem, there is a surgical procedure that can be performed.

This surgery is an ankle ligament reconstruction. The aim of the surgery is to tighten/or repair the damaged lateral ankle ligaments.

There are 2 parts to the surgery.

Firstly, an arthroscopy is performed through 2 small incisions at the front of the ankle. The joint surfaces are inspected, and inflammatory and scar tissue is removed, plus any bony spurs (osteophytes).

Secondly, an incision is made over the outside of the ankle.

The torn ligaments are reconstructed and reinforced with overlying tissue (Modified Bröstrum procedure)



If indicated, the tendons behind the ankle are inspected and repaired. At the end of the operation a plaster backslab or a moon boot is applied to immobilise the ankle and protect the reconstruction and wounds.

The surgery is a day surgery procedure. Most patients will go home in a boot or a plaster backslab, non-weight bearing.

Post-Operative Recovery

The first 2 weeks are non-weight bearing. Most people are mobilising with crutches. You will be in a plaster or a boot. It is best to rest, and elevate the foot to help the wounds heal, and try and reduce swelling.

Keep the dressings clean, dry and intact. There are stickers (primapore) under the bandages. It is ok to remove the outer bandage after 2-3 days, but keep the inner stickers intact. If you remove the bandage, it is better to cover the ankle up with a clean cotton sock, before putting your boot back on. First follow up appointment with Dr Watts is between 10-14 days post surgery.

From the end of the second week, after the first appointment, most patients are able to weight-bear as tolerated in the boot. You are allowed to perform in range gentle flexion and extension exercises.

Physiotherapy usually starts approximately at this point.

Recommended early activities between three and six weeks are:

- Start double leg calf raises, progress to single leg calf raises.
- Calf stretching.
- Once wound completely healed, swimming, out of brace, with gentle kick
- Stationary cycle, as comfortable.

From the six-week mark, you may convert to an ankle brace for mobility, exercise and daily activities. It is ok to sleep and rest out of the brace.

From 6 to twelve weeks you will be able to do more rehabilitation:

- Single leg balance (eyes open), single leg calf raises, calf stretches
- Theraband with focus on dorsiflexion, eversion
- Start with lunges and squats
- Start to run and cycle
- Swim (out of brace) as able.

The brace can usually be removed completely after 12 weeks.

Physiotherapy beyond this phase is directed at restoring normal strength and mechanics, balancing, landing, and direction change strategies.

You should be able to return to sport 3-6 months after surgery. Strapping the ankle for sport may still be advisable for a short period of time, after this point if your physiotherapist does not think your strength and proprioception is fully regained. Once you are strong enough, this can be ceased. This is usually between 3 and 6 months. The ankle may be slightly stiffer than the normal side, but this is much better than instability.