



ANKLE LIGAMENT RECONSTRUCTION

Information Leaflet

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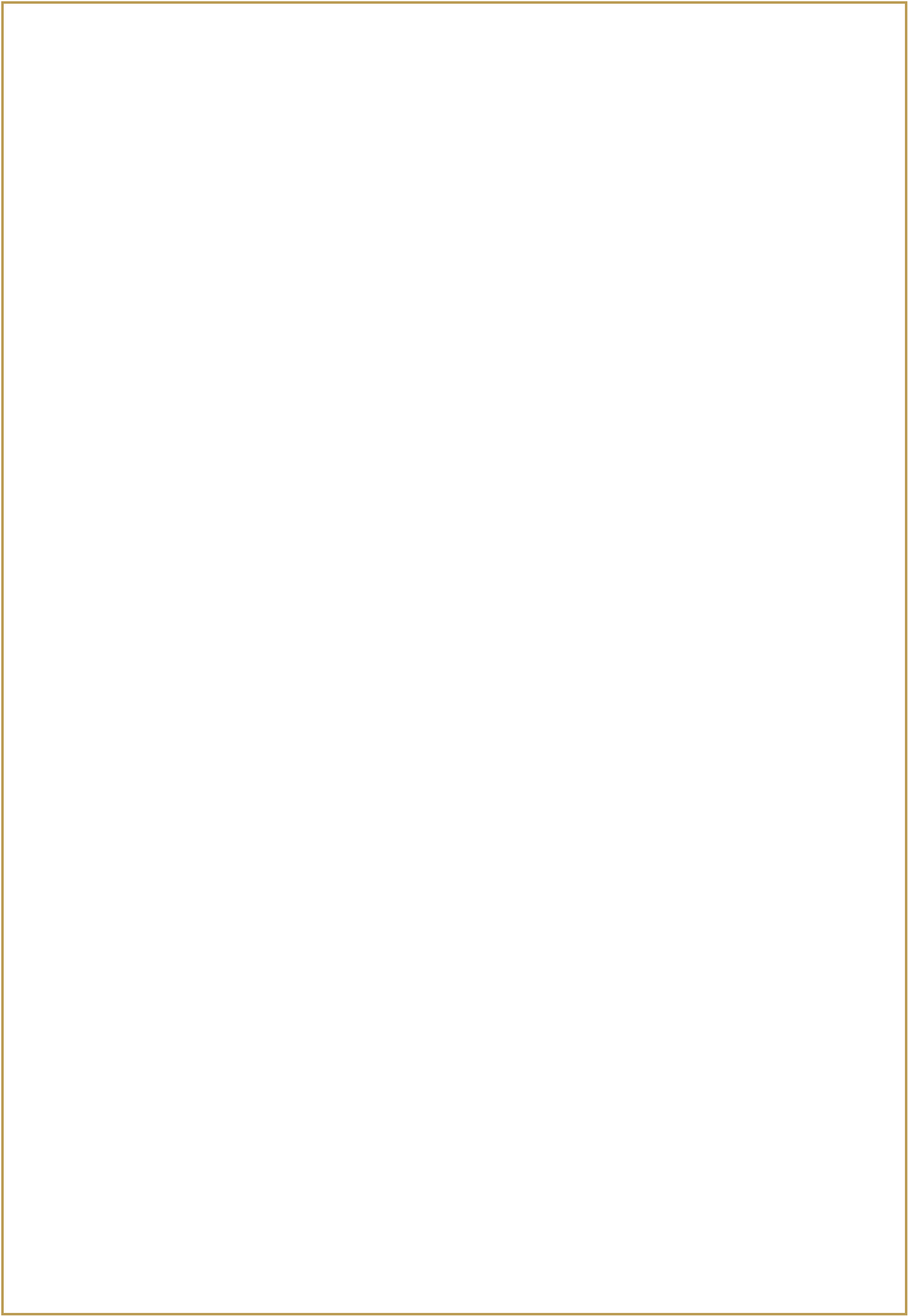
Inpatients telephone number: 01761422201

Out of hours telephone number: 01761422201

Physiotherapy Outpatients: 01761422388

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This leaflet provides information about the procedure that you have been advised to have and aims to answer some of the questions you may have about the operation and your stay in hospital. It is important to follow the advice given to you personally as individual procedures may vary. Please raise any concerns or questions with your consultant, physiotherapist or nurse.



Pre-operative Advice

Exercises

You will be using the crutches for at least 2 weeks after the operation. It is therefore important for you to maintain lower as well as upper limb strength as much as possible. Start with gentle exercises to maintain range of movement and strength. Your physiotherapist can advise you on suitable exercises to do whilst you wait for your surgery.

Home arrangement

Since you will be using the crutches for at least 2 weeks, it is important to have someone to look after you, following surgery e.g. for shopping, laundry and meal prepping. You may also want to look at your living arrangements as using crutches is quite tiring especially if you only have a bathroom/toilet upstairs.

Ankle Ligament Reconstruction Surgery – what is it?

This procedure is normally carried out under general anaesthetic and takes approximately 60-90 minutes. You will be required to stay overnight in hospital after the surgery.

Why do I need this procedure?

This operation is done to repair the ligaments on the outside of your ankle. Ligaments connect the bones of your ankle together to make a strong and stable joint. If you twist or sprain your ankle the inflexible ligaments can become torn or stretched. The ankle can then become weak and give you the feeling of instability and your ankle painfully giving way.

Technique

A 6cm incision is made over outside of the ankle, which allows the surgeon to view the damaged ligaments. The ligaments are then cut to allow them to be shortened and put back into a normal position at their normal tension. This is achieved by using a special device that anchors into a drill hole in the bone. The skin is then stitched and a below knee plaster cast called a 'back-slab' applied.

What are the risks?

All surgery carries potential risks. The risks are minimised by having the surgery meticulously performed by an expert in foot and ankle surgery. Risks include:

Pain, swelling, and bruising - will occur to some degree following all foot and ankle surgery

Infection - approximately 2% in our unit

Blood clots (thrombosis) - treatment to reduce this risk will be provided if required

Numbness around the scars - usually improves over time

Stiffness - this improves over time and helped by physiotherapy

Scar sensitivity - can be improved with scar massage

Incomplete improvement - occasionally symptoms will be improved but remain present to a small degree. Recurrent injuries can also occur

What happens after my procedure?

After a general anaesthetic

You may feel tired, dizzy or drowsy for the first 24 hours, so rest as much as possible and ensure that you have a responsible adult with you once you return home to help with any activities of daily living.

For the first 48 hours you **must not** drive a car/bike/motorcycle, or operate any machinery, drink alcohol, smoke, take sedative drugs, make any important decisions, or sign any legal documentation.

Swelling

It is very important that you rest as much as possible and keep your foot elevated for the first 48 hours after surgery. Try to avoid letting it hang down when sitting, so keep your leg elevated on a low table /stool when you are resting to further reduce swelling. Swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put your foot on a pillow.

Apply ice to the affected area for up to 15 minutes every 2 hours for the first 72 hours, reducing the frequency after this time as you feel symptoms improve. There is a risk of an ice burn or frostbite with any application of ice therapy, therefore it is important for you to pay attention to these precautions:

- Ensure you have full skin sensation around the affected area i.e. not numb
- There is no broken or damaged skin in the area
- Do not apply ice directly to the skin, **always** use a dampened towel to wrap the ice/frozen peas in
- Check the iced area every 5 minutes. If there is excessive redness, pain or bruising, remove the ice immediately

Plaster back-slab

After the surgery your leg will be placed in a below knee back-slab. This should be left in place until you are seen at your first follow-up appointment after 2 weeks. The plaster must be kept clean and dry. Your physio can advise you on how to keep your plaster dry and there are products you can buy to assist this e.g. Limbo.

Pain

Pain is often due to swelling, and this is eased by rest and elevation of the foot. Medication to help manage any pain, will be provided for you to take home as required; these should be taken as instructed by your nurse. Try not to change your eating habits when you are taking pain relief tablets and always follow the guidance relating to whether tablets should be taken with food or not.

Mobilising and Stairs

You should not put any weight through your operated leg for the first 2 weeks. A physiotherapist will show you how to use crutches to help you mobilise, including how to safely go up and down stairs. After this, you will be supplied with a removable boot that has Velcro straps. You will then be able to walk in the boot during the day and put all your weight on it, but can take the boot off at night. The boot is worn for 4 weeks.

Follow-up

You will be reviewed approximately 2 weeks after surgery at which time, the plaster and sutures will be removed. At this stage you will be given a walking boot which will allow you to fully weight bear through the operated foot. You will need to wear this boot for 4 weeks when you will be reviewed again. If the consultant is happy with your progress you will be able to start physiotherapy and also discard the boot. You will be provided with a removable ankle support to wear for the next 6 weeks which can be worn inside trainers. Your final check will be at 3 months post-surgery.

Driving

Follow your consultant's advice about driving; however, you should not drive a manual car for at least 12 weeks following surgery. If you have an automatic car and have only had the left ankle operated upon then you may drive after 2 weeks.

You should only return to driving if you are able to perform an emergency stop safely. If in doubt please contact your vehicle insurance company.

Returning to work

Before leaving the hospital you will be advised when it would be suitable for you to return to work. The consultant will specify how long you should need depending on your individual circumstances. If necessary, you will be given a fit for work certificate (sick note). If you have an office based job then it may be possible for you to return after 2 weeks however it is more advisable to return after 6 weeks. If you have a more physical job then it may take 8-12 weeks.

Recovery

It often takes 6 months for all swelling to resolve and you may notice minor swelling late in the day, which is not unusual and should not be a cause for concern. It will take 6 months to return to full sporting activity.

Physiotherapy

A physiotherapist will see you before you are discharged to discuss exercising at home. Your rehabilitation is extremely important after this type of procedure. It is vital not only that you exercise regularly but that you follow the advice of your physiotherapist. You will be referred to your local outpatient physiotherapist 2-6 weeks after your operation depending on your consultant's instructions. The ward physiotherapist will arrange this appointment for you. They will also show you how to do your initial exercises. These exercises will then be reviewed by your outpatient physiotherapist or at the follow-up appointment with your consultant. It is important you attend this review and to contact the physiotherapy department at Sulis Hospital Bath if you have not received an appointment.

Exercise and Rehabilitation

Pain in your ankle is normal after surgery, however, if a particular exercise makes your swelling or pain a lot worse, try reducing the number of repetitions. It is extremely important that you do not stop your exercises completely. If you continue to experience significant issues please report these to your physiotherapist or call the Physiotherapy department at Sulis Hospital Bath.

Please contact your GP if:

- Your wound becomes hot, red or significantly swollen.
- There is an increase in the fluid draining from your ankle or a change in the colour and consistency.
- You develop a temperature.
- You notice signs or symptoms of deep vein thrombosis (DVT). These include an increase in pain or swelling in the calf, or calf pain that is noticeable or worse when standing or walking.

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