

Ankle Arthroscopy & Lateral Ligament Repair & Cavovarus Re-alignment

INTRODUCTION

Ankle arthroscopy and lateral ligament reconstruction along with re-alignment bone cuts (osteotomies) may be required for ankles that have significant lateral ligament instability causing tilting of the ankle joint and progressive medial ankle arthritis. Peroneal tendon tears can also occur and may require repair. The aim of surgery is to stabilise the ankle joint to slow the progression of ankle arthritis, and re-align bones in the foot to offload the medial ankle joint and reduce pain.

THE SURGERY

This surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Insertion of arthroscope (camera) and keyhole surgery instruments to clean up ankle joint
- Reconstruction of the lateral ligaments using 2 small suture anchors inserted into the fibula bone, along with a stiffer band of sutures if required
- Calcaneal osteotomy: realignment of the heel bone (calcaneum) and internal fixation with two screws
- 1st Metatarsal osteotomy: realignment of the 1st MT and internal fixation with screws/staples/plate
- Peroneal tendon repairs with sutures
- Closure of incisions with sutures
- Local anaesthetic block
- Plaster cast or surgical camboot (VACocast)

GUIDELINES FOR POST-OP

HOSPITAL ADMISSION

- Most patients go home the day after surgery

FIRST 2 WEEKS

- Elevate foot and rest
- Strictly NON-WEIGHTBEARING in cast/surgical boot
- Mobilise with knee scooter/crutches/frame
- Wiggle toes to encourage circulation
- Dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day

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2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Continue NON-WEIGHTBEARING in boot
- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Mobilise with knee scooter/crutches/frame
- Elevate foot when resting
- Continue Aspirin & Vitamin C
- **PHYSIOTHERAPY:**
 - Gentle active ankle plantarflexion/dorsiflexion and toe flexion/extension
 - NO inversion
 - General upper body, core, hip and knee exercises
 - Soft tissue massage and scar mobilisation

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 6 WEEKS

- **PHYSIOTHERAPY:**
 - Commence full weightbearing as tolerated and transition to a normal supportive shoe
 - Continue ROM, avoid inversion
 - Peroneal activation and strengthening
 - Gait re-training
 - Exercise bicycle in boot/normal shoes
 - NO open chain impact exercises
 - Continue lower limb strength and conditioning
- **PODIATRY:** New orthotics with small *lateral hindfoot post* and minimal medial arch support

3 MONTH POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 3 MONTHS

- **PHYSIOTHERAPY:**
 - Continue lower limb strength and conditioning

Full recovery is usually 9-12 months.

Every patient's recovery is individual and depends on the severity of the injury/disease and complexity of the surgery.