

Ankle Arthroscopy & Lateral Ligament Repair

INTRODUCTION

Ankle arthroscopy and lateral ligament reconstruction is required for ankles that remain unstable despite appropriate physiotherapy rehabilitation. The surgery involves removing any scar tissue or loose cartilage from the ankle by arthroscopy (keyhole surgery), and repairing the torn lateral ligaments. The ligaments are re-attached to the fibula using small suture anchors.

THE SURGERY

Ankle arthroscopy and lateral ligament surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Two small incisions (~6mm) over front of ankle
- Insertion of arthroscope (camera) and keyhole surgery instruments to clean up ankle joint
- Incision over the outside of the ankle (~5cm)
- Reconstruction of the lateral ligaments using 2 small suture anchors inserted into the fibula bone
- Closure of incision with sutures
- Local anaesthetic block
- Surgical camboot (VACOCast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- In hospital for 1 night, non-weightbearing on day of surgery

FIRST 2 WEEKS

- Elevate foot and rest
- Full weightbearing as tolerated in surgical boot
- Surgical boot on at all times (including in bed and shower)
- Crutches for balance and support
- Dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg & Vitamin C 1g per day

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Once comfortably full weightbearing in the boot, can transition to normal supportive shoes (eg trainers/running shoes). Brace may be required.
- Elevate foot when not walking
- Avoid uneven ground/slopes
- Daily scar massage from 3 weeks post-op
- Podiatry/physiotherapy review (arrange first appointment 2-5 days after 2-week post-op check)
- **REHAB - PODIATRY/PHYSIOTHERAPY:**
 - Joint mobilisation, soft tissue manipulation, nerve desensitisation
 - Commence active and passive range of movement exercises - ankle plantarflexion (not forced)/dorsiflexion/eversion and toe plantar/dorsiflexion
 - NO inversion
 - General upper body, core, hip and knee strength & conditioning
 - Gait re-training
 - Stationary bicycle with brace or VACOCast boot on

6 WEEK POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 6 WEEKS

- **PODIATRY/PHYSIOTHERAPY:**
 - Continue ROM and commence inversion
 - Peroneus brevis activation and strengthening
 - Ankle stability and proprioception exercises
 - Stationary bicycle/elliptical trainer out of boot
 - Straight-line jogging from 8-10 weeks and progress

3 MONTH POST-OP APPOINTMENT

- Review by Dr Zilko

FROM 3 MONTHS

- Return to normal activities as tolerated
- **PODIATRY/PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Plyometric training

Full recovery is usually 3-6 months, and can take up to 12 months.

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