

These notes are intended as a guide only and some of the details may vary according to your individual circumstances.

**RUH**

Information for Patients

# The Unstable Ankle

Advice sheet

For more information

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## Contact the Orthopaedic Directorate

Tel: 01225 825338

Fax: 01225 825526

**Mr Derek Robinson**  
**BSc, MB ChB, FRCS (Trauma & Orthopaedics)**  
**Consultant Orthopaedic Surgeon**  
**Foot and Ankle Specialist**

Ligaments are structures that connect bones together. A sprain is an injury to a ligament. Sprained ankles are most commonly caused when the foot twists inwards. When this happens the ligaments on the outside of the ankle (lateral ligaments) become stretched. Depending on how much force is then applied to the ligament will determine the severity of the injury.

The most commonly occurring sports injury is the lateral ligament 'sprain'. It is so common that it accounts for about 20% of all sports injuries.

Sometimes when the ligaments are stretched they are so strong that they don't rupture but they pull off a small piece of bone where they are attached and this is called an avulsion.

## Symptoms

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An unstable ankle usually follows a severe twisting injury which probably led to swelling, bruising and difficulty walking. If the lateral ligaments are ruptured then the ankle may feel weak. It may give way easily, without warning, particularly on uneven ground. There may be a continual ache from the outer aspect of the ankle.

An unstable ankle that frequently gives way may also lead to other injuries which can then cause symptoms as well.

An MRI scan is usually organised as this can clearly demonstrate the extent of the ligament damage and also any other abnormalities that may need to be addressed

## Follow-up

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You will be seen after approximately 2 weeks when the dressings and stitches will be removed by a nursing sister. A doctor will see you again 4 weeks later and if all is well you will be referred for physiotherapy and you can discard the boot. You will need a small ankle support during the next 6 weeks and this will be provided. This can be worn inside trainers and these should be brought to the 6 week appointment. You will then be seen, hopefully for a final check, about 3 months after the surgery.

## Driving

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You should not drive a manual car for 6 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 weeks.

## Work

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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

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It often takes 6 months for all swelling to resolve and so minor swelling late in the day is not unusual and should not be a cause for concern. It usually takes 6 months to return to full sporting activity. The ankle brace should be worn for 12 months after surgery when doing sport.

# Discharge advice following lateral ligament reconstruction

## Dressings

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Your leg has been placed in plaster backslab. This should not be changed until you are seen at your first follow-up appointment after 2 weeks. The plaster must be kept clean and dry.

## Elevation

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It is very important that you rest as much as possible and keep your foot elevated for at least the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow for 2 weeks.

## Analgesia

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You will receive a prescription for pain medication on discharge. Pain is often due to swelling and this is eased by rest and elevation of the foot.

## Walking

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You will need to walk without putting any weight on the foot for 2 weeks. A physiotherapist will show you how to use crutches. After this you will be supplied with a removable plaster. You will then be able to walk in the plaster during the day and put all your weight on it. This is worn for 4 weeks. You can take it off at night.

## Treatment Options

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Patients with unstable ankles need a thorough assessment by a foot and ankle specialist to determine the exact cause of their symptoms. If the problem is due to ankle ligament damage then a course of physiotherapy should be tried. This will aim to strengthen the muscles that run around the outside of the ankle and also give you more control over the ankle. It may be necessary to wear a form of ankle brace to support the ankle and stop it giving way. Despite these measures if you have ongoing symptoms of instability then it is usually necessary to perform an operation to stabilise the injured ligaments.

## Operation Details

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There are several operations that may be performed to reconstruct the lateral ligaments. The most common one is known as a Brostrum repair and it is combined with an ankle arthroscopy so that the ankle joint itself can be cleaned and inspected for any other damage.

Surgery is performed under general anaesthetic. The stay is usually one night. The procedure takes 60-90 minutes.

2 small incisions are made (1cm each) at the front of the ankle to allow the camera (arthroscope) and the instruments access to the ankle joint. The joint is inspected and any damage is addressed. A 6cm incision is then made over the damaged ligament(s). The ligaments are assessed and then they are 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 backslab applied.

## Risks

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

- Infection: This is always a risk when a cut is made in the skin but it is very rare. Every possible precaution will be taken.
- Nerve damage: There is a small nerve that passes across the front of the ankle which can be damaged. The nerve provides feeling to the top of the foot. If it is damaged you may develop altered sensation over a small area on the top of the foot.
- Scar sensitivity: This is helped by massaging the scar regularly to de-sensitise it.
- Ankle stiffness: The ankle is occasionally slightly stiffer due to the tightening of the ligaments.
- Recurrent instability: There is also a small chance of recurrent instability.

## General considerations

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**Swelling** Feet tend to swell after surgery. Excessive swelling causes pain and increases the risk of complications. The best way to prevent this is to elevate the feet as much as possible.

**Smoking** Smoking leads to a huge increase in surgical risk, particularly affecting wound healing and infection (16 times higher). It is strongly advised that you stop smoking prior to any surgery.

**Blood Clot** A blood clot in the deep veins of the leg (deep vein thrombosis DVT) may occur following foot and ankle surgery but is rare. There are many factors to take into account when considering the level of risk and it may be necessary to give injections or take medication to reduce the risk. There is a very small chance that the clot may break off and travel to the lungs (pulmonary embolus PE) and this can be dangerous, even life threatening. If you feel that the calf has become swollen and painful or you become breathless then seek medical attention immediately.

**Anaesthetic** Surgery is usually performed under general anaesthetic and so you are asleep. This is incredibly safe but there are exceptional circumstances where an adverse reaction may occur which is dangerous, even life threatening. Certain patients have many medical problems which may increase the risk and so it may be necessary to be seen by an anaesthetist to further discuss the issues prior to being brought into hospital. All patients will be checked for fitness for surgery in our specialist pre-operative assessment clinic.