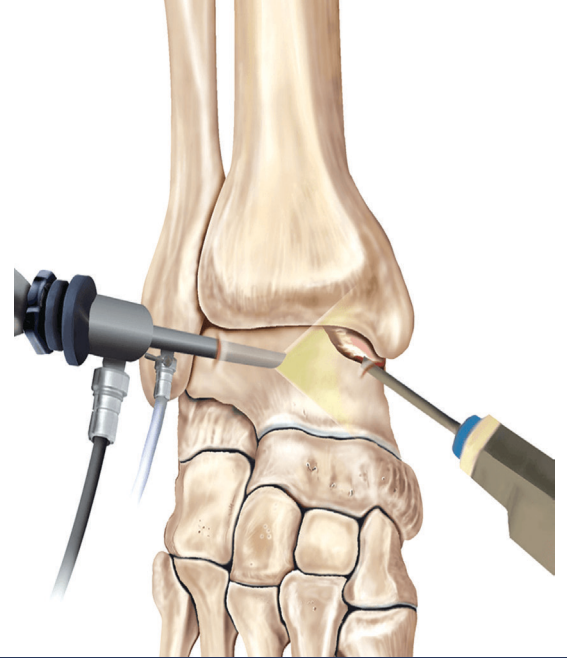


ANKLE LIGAMENT STABILISATION, TENDON REPAIR, ARTHROSCOPY



What is an ligament stabilisation, tendon repair, arthroscopy of your ankle?

This is a common “combination” operation for people with bad ankle injuries - a “3 in 1” operation. It involves an arthroscopy (keyhole surgery) which allows me to see inside your ankle using a camera inserted through small cuts on your skin, to diagnose and treat damage to the joint surface and inflamed painful synovium (joint lining). After this, a curving incision is made on the side of your ankle, approx 6-12 cm long. This cut allows access to both the lateral ankle ligament and peroneal tendons. The tendons can be sutured up, and the ligaments tightened using a Brostrom-Gould technique (like tucking a shirt into pants, it tightens the lax ligament, restoring stability).

What are the benefits of surgery?

The aim is to relieve pain, and restore stability and function.

Loose bodies (bone chips), painful inflamed joint lining, bone spurs, and osteochondral injuries (damage to the edge of the ankle bone from rolling your ankle) can be treated. The tendon splits and ligaments heal.

Are there any alternatives to surgery?

Physiotherapy and anti-inflammatory painkillers such as ibuprofen can sometimes prevent or delay the need for surgery, and a lace-up ankle brace and lace-up workbooks or tramping boots

can help. Many aspects of a bad ankle sprain/ inversion injury will heal with time, such as swelling, pain from bone bruising, and stiffness. Many ligament ruptures will heal and stabilise over 3-6 months, but about 5-10% don't, and need surgery to restore stability. If the injury is healing and settling, swelling is the last aspect to settle, and can take up to 12 months.

What does the operation involve?

Most people have a general anaesthetic, with local anaesthetic injected at the end of the operation, to hopefully give 18-24 hours of pain relief.

The operation usually takes 60-75 mins

I will examine your ankle ligaments while you are under the anaesthetic and your muscles are completely relaxed. I insert a small camera through one or more small cuts around your ankle, and remove any spurs of bone or swelling of the lining of your ankle joint, and address any damage to the edge of the ankle bone (talus). I then move to the ligament and tendons, making a cut on the side of your ankle, stitching up the splits in the tendon(s) and tightening up the ligament/joint capsule.

I then put you in a backslab (half plaster cast) or moon boot.



How can I prepare myself for the operation?

If you smoke, stopping smoking will reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

General complications of any operation

- pain
- bleeding
- difficulty passing urine
- unsightly scarring of your skin
- infection of the surgical site (wound)
- allergic reaction to the equipment, materials or medication
- blood clot in your leg
- blood clot in your lung

Specific complications of this operation

- damage to nerves around your ankle (usually recovers)
- compartment syndrome - the calf muscles swell and get tight (very rare)
- infection (approx 1 in 100)
- pain, stiffness and loss of use of your ankle.

How soon will I recover?

You will need crutches, and a knee scooter can be helpful. You should be able to go home the same day, but you will need to rest and elevate at home for 3 weeks. I see you back for a wound check and to go into a moon boot (if you have been in plaster) at 3 weeks, then start weight bearing in the boot, and start physiotherapy. I will see you again for a check at 8 weeks - some people are fully recovered by then, but many people still need more time - 3 to 4 months is typical to mostly recover function. Swelling may persist for up to one year - this is normal after ankle injury and surgery.

Walking can be uncomfortable and you may need to take painkillers to help relieve your pain. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice. Most people make a good recovery and can return to normal activities.

Advice once you're home:

If you suffer wound bleeding, fever/chills, or chest pain/coughing up blood, phone my practice, contact your GP, or go to the local Emergency Dept.

Summary

This surgery is generally safe and reliable, with small risks, and takes a few months to recover from, and up to a year for final small niggles such as swelling, to settle. It works well to relieve pain and restore stability and function.