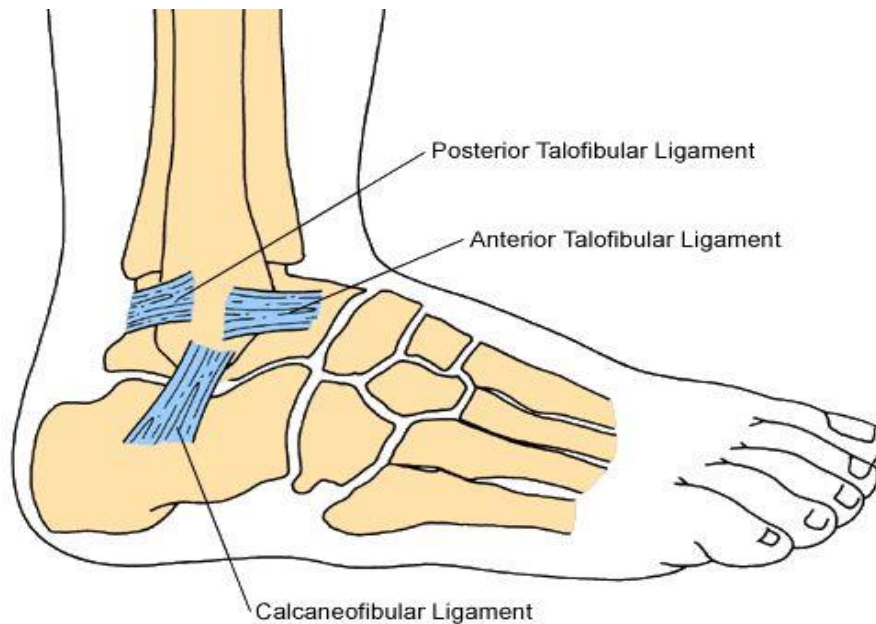


PATIENT INFORMATION

Ankle Instability



What is ankle instability?

Most people with ankle ligament instability have damage to the ankle ligaments usually caused by a trauma to the ankle. When someone twists their ankle, the first ligaments to tear are the Anterior Talofibular, then the Calcaneofibular, usually in that order. Occasionally small pieces of bone may be torn off with the ligaments. In a few cases, a twisting force on the ankle may cause other damage. The bones around the ankle may be broken, a piece of the joint surface inside the ankle may be chipped off, ligaments connecting other bones in the foot may be sprained or torn, or the tendons around the ankle may be damaged.

The tear can be partial (grades I or II) or complete (grade III) which can be overcome with appropriate physiotherapy rehabilitation. Rehabilitation concentrates on two main areas, firstly strengthening the muscles around the outside of the ankle, secondly by improving your balance. This may require the use of specialised physiotherapy equipment such as a "wobble-board," or a "trampette." However, similar exercises can be practiced at home by using a cushion. Your physiotherapist will help you with this.

If your ankle joint or Achilles tendon is stiff, you will also be shown exercises to stretch and strengthen these. If your foot shape makes you prone to extra stress on the ankle ligaments, a moulded insole may be advised for your shoe to reduce these stresses.

Most people will find their ankle much more stable and comfortable after physiotherapy. However, in some people problems continue

Investigations

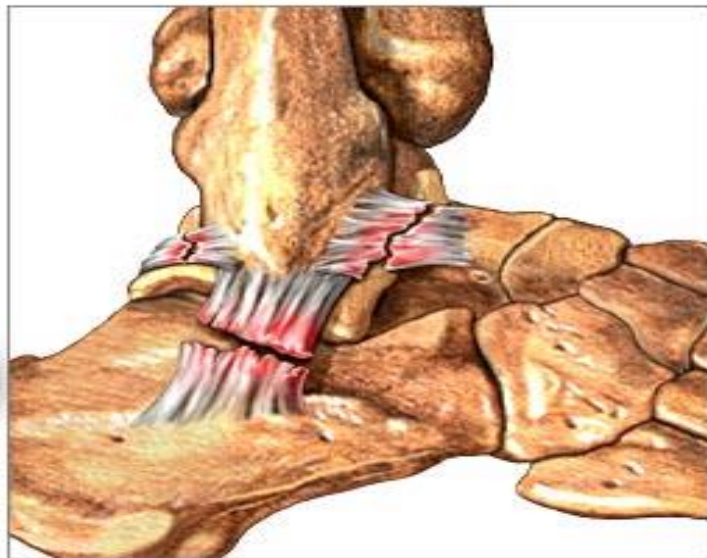
Your surgeon may request an x-ray, MR, CT or ultrasound scan to help diagnose and plan your treatment.

Will I need an operation?

Most people with ankle instability will not need an operation. Even if your ankle still feels unstable after physiotherapy, you could try a brace rather than having an operation to tighten up or replace the ligaments. However, if no other treatment makes your ankle comfortable and tests show that the ligaments are weak, an operation may help. Your surgeon may recommend keyhole surgery on your ankle to assess the joint and soft tissues (see ankle arthroscopy leaflet 5416-1)

There are two other main types of operation to repair the ligaments;

- Brostrom repair -The damaged ligaments are tightened up and re-attached to the bone.
- One of the nearby tendons or a suture anchor is used to replace the damaged ligaments.

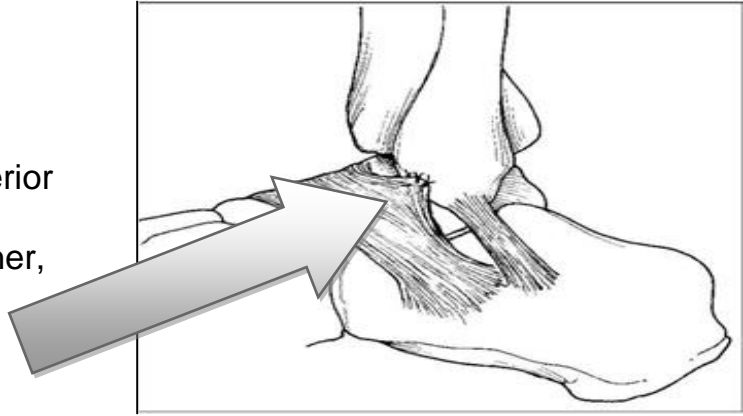


Type III Sprain

- ligaments torn completely

Brostrom repair

For the Brostrom type repair, the anterior talofibular ligament is reconstructed, either by suturing that ligament together, or reattaching it to the bone.



After the operation

Following surgery you will have stitches holding the wound closed and a layer of gauze, sterile wool and a plaster cast around the ankle.

Length of stay

The surgery usually involves an overnight stay. Before going home you will be seen by a physiotherapist who will explain physiotherapy exercises and check that you are mobilizing safely. Your ankle will ache and swell after surgery and you will need to take some painkillers such as paracetamol, or ibuprofen for the first few days. When you are resting you should keep your leg elevated, on a stool or chair, to help keep the swelling down

Post-operative Venous Thromboembolism (VTE) prophylaxis

Whilst your leg is being stabilised within a plaster cast (up to 12 weeks) you may be required to take either an oral or injected blood thinning medication every day to prevent the formation of a blood clot forming in your leg and associated complications. This information will be provided to you during your inpatient stay.

Follow up

If you have stitches you will be seen in the Outpatients Clinic to have them removed at two weeks post-operatively. Following surgery you will be in plaster for six weeks. After this you may need to wear an ankle brace or walker boot for up to 6 weeks.

After 3 months you will work with your physiotherapist to regain the strength, and mobility of your ankle. You can start light exercise at 3 months, but sport involving twisting (such as football, rugby, running on rough ground and squash) are not allowed until 6 months after the surgery.

How will I know if I have a complication?

You may be experiencing a complication if you bleed or experience an increase in pain or swelling after you go home. If these symptoms continue after you have elevated the leg and taken painkillers you should notify the hospital as this could indicate the early onset of infection or possible deep vein thrombosis. (See contact numbers below)

Other complications which may occur after a ligament reconstruction operation include:

- Pain in the ankle, either because of damage at the time of the original injury or because the ankle is now tighter than before
- Numbness or tingling down the side of the foot due to stretching of one of the nerves either at the time of the original injury or the operation
- Persistent swelling of the ankle
- Stiffness of the ankle, restricting the range of movement
- In 5 to 10% of people the surgery does not work, and the ankle remains unstable

I sprained my ankle three months ago but it's still painful and swollen. Why?

Your ankle may be just taking longer than usual to recover. However, there may be some other damage to the ankle if it is still causing trouble three months after injury. It would be worth consulting your GP or physiotherapist.

I sprained my ankle last year. It's fine now - can I prevent it happening again?

You can't absolutely prevent another injury, but there are things you can do to reduce the risk. Obviously, take care when walking to avoid catching your foot on uneven bits of pavement. High-heeled shoes put extra stress on your ankle and should be avoided. If your ankle or Achilles tendon is stiff this puts extra stress on your ankle ligaments when you walk or run, and exercises would probably improve this.

If you play sport, you should take extra care to warm up and down properly, with plenty of stretches to your ankle and Achilles tendon. Strapping your ankle or wearing a sports ankle support (which can be bought at most sports shops) may reduce the risk of another injury.

Who can I call for help or advice?

Orthopaedic Practitioner Advice Helpline	01284713924
Pre-Admission Clinic	01284 712810
Physiotherapy Department	01284 713300

Occupational Therapy Department 01284 713560

Community Equipment Stores (OT) 01284 748826

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

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