



**Orthopaedic Clinic
Foot & Ankle Service
545 Ray C. Hunt Drive
Charlottesville, VA 22908**

Lateral Ankle Ligament Reconstruction

What is ankle instability?

During a twisting injury to the ankle, the ligaments connecting the talus and calcaneus to the fibula can become stretched, or torn. This is a sprained ankle, one of the most common orthopaedic injuries. Most ankle sprains heal by themselves within 6 weeks. Occasionally these ligaments do not heal causing the ankle to be unstable. Symptoms may include:

- The ankle giving out when walking, or playing sports on uneven ground
- Pain with each episode
- Feeling weakness, or looseness of the ankle
- Swelling

What testing and treatment may be done?

We may need to do imaging studies including XR's and MRI. You will probably receive a prescription for Physical Therapy, bracing, and/or special orthotics. If these conservative measures fail, you may require surgery.

What does surgery involve?

Surgery for ankle instability is usually done at the Outpatient Surgery Center. You will receive directions to the center during your surgery work up. The Operation is typically done under general anesthesia and a regional nerve block. Typically, you will go home on the same day as surgery. This will depend on your individual medical problems, as well as your ability to maintain non-weight bearing status after surgery.

What happens after surgery?

Frequently, an ankle arthroscopy is performed at the same time and your surgeon is able to examine the ankle joint and check for damage to the joint through the use of a small camera inserted through small incisions in the front (or sometimes back) of the ankle. The Brostrom-Gould procedure involves the surgeon making a small incision on the outside of the ankle. The ligaments of the ankle are then repaired by advancing and tightening the ligaments by re-attaching them to the fibula.

You will be non-weight bearing for 6 weeks after your surgery. Initially you will be in a splint. The splint and dressing will need to stay in place until your first follow up visit. At that follow up appointment, which should be 2 weeks post op, the splint will be removed, the incision inspected and sutures removed. We will apply a new dressing over the incision and a short leg cast or fixed ankle walker will be applied.

Because you are non-weight bearing, getting around may be a problem. You will be given a pair of crutches on the day of surgery, or you may be given a prescription for a knee walker. A knee walker is a scooter type device that allows you to rest your surgical leg on a padded surface and roll. You control this device much like a bicycle. If surgery is done on the right ankle, or you drive a manual transmission, you will not be able to drive until cleared by your surgeon.

You will also be instructed to keep your splint, or cast dry. We normally instruct you to use a large garbage bag or specialized to cover your leg, taping the top securing, to avoid water getting inside the bag. Should your splint or cast become wet, it is important for you to call us. We may need to change the dressing, splint, or cast to avoid problems.

Will this procedure be painful?

If you receive a regional nerve block, you will often feel only minimal discomfort until the numbing medication wears off. This can be up to 24 hours. Once you feel tingling in your toes, it is safe to say the nerve block is wearing off. You will be given a prescription for pain medication and we urge you to fill this prescription as soon as possible on the day of surgery and begin taking it as prescribed. Normally post op pain is at its worst in the first 24-48 hours. We recommend that you “double up” up by taking 2 tablets on a scheduled basis for the first 48 hours. By the third day, you should be able to take the prescription less frequently, and only as needed. We do not recommend taking anti-inflammatory medication such as ibuprofen, naproxen, etc, as it may slow the rate of healing. Many patient’s find their pain is very manageable by the end of the first post op week. It is important to discuss your concerns regarding pain control with the resident or PA on the day of surgery. Please notify us of allergies, history of prior narcotic use, or other concerns.

Swelling can be expected post operatively as well. You can help with decreasing this, and to help decrease pain, by elevating your extremity. We like to say “toes above nose” and encourage you to do this as much as possible by elevating your extremity above the level of your heart with pillows. Minimizing the amount of swelling plays a significant role in pain control.

When can I return to work?

This question is difficult to answer. It depends on your individual situation and the type of work you do. We encourage you to discuss this with your surgeon pre-operatively. We will be happy to provide you will work notes as you need them.

We also are happy to complete forms required for insurance, or short term disability. Please allow us 10-14 days to complete these forms. Should you have access to a fax machine, you may fax them to Debbie Handy @ 434-243-0242.

How do I contact you if I have a problem?

Should you have problems, or concerns post op, please let us know.

Nurses are available M-F 8am to 5pm 434-243-5432

The Orthopaedic Resident on call can be contacted after hours by calling 434-924-0000.

The nurse or resident will contact your Surgeon as necessary.