Obesity is Associated with Protracted Postoperative Recovery after Lateral Ankle Stabilization

Background

Chronic ankle instability is a common complication (20%) after ankle sprain or ligamentous injury. Surgical management involves lateral ankle ligamentous reconstruction with procedures such as the Broström-Gould ankle stabilization. Outcomes in obese versus nonobese patients after such procedures is unknown.

Methods

A retrospective chart review was performed on 242 patients from a single institution between 2010-2015 undergoing lateral ankle stabilization by three fellowship-trained foot and ankle surgeons. After excluding patients undergoing allograft or non-anatomic reconstructions, 203 patients were included. Preoperative data from questionnaires and MRI analysis in addition to postoperative clinic examinations by the patient’s surgeon were reviewed.

Results

The only significant pre-operative difference between obese and nonobese cohorts is that obese patients were less likely to participate in sporting activity (14.2% versus 39.3%, respectively, p < 0.0001). Postoperatively, obese patients were significantly more likely to need a second physical therapy prescription (14.8% versus 2.7%, respectively, p = 0.002) and more likely to have continued pain and swelling over the ATFL at the three month follow-up (15.9% versus 5.4%, respectively, p = 0.015)

Conclusion

Short-term results after lateral ankle reconstruction indicate an increased postoperative rehabilitation need and likely protracted overall recovery rate in obese cohorts.