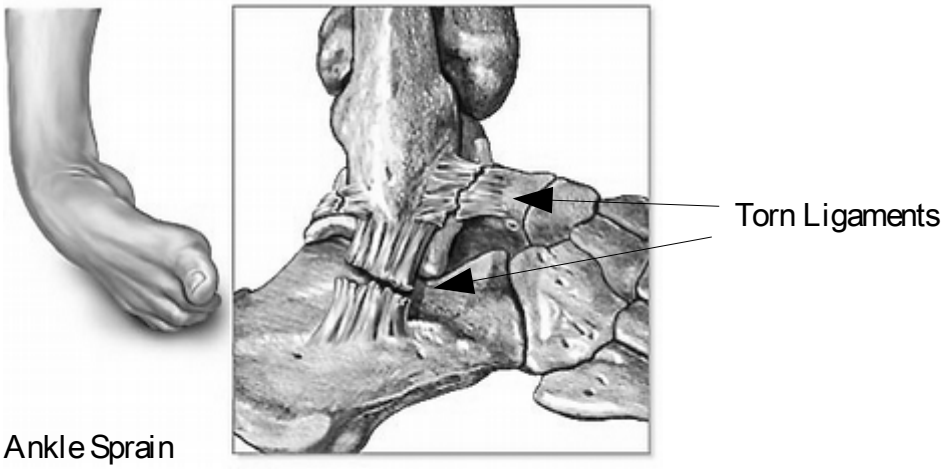
REEF Orthopaedic CLINIC

Ankle Instability

Introduction
Ankle sprains are one of the most common sporting injuries. Usually the injury recovers with suitable rest and physiotherapy. Ankle instability occurs when the ankle repeatedly gives way during sporting or even daily activities. This leads to recurrent ankle sprains, joint pain, swelling, inflammation and damage to the ligaments around the ankle. Some people experience ankle pain intermittently, others feel that their ankle that 'aches' more often. Recurrent instability episodes can cause damage to the joint surface cartilage, the formation of bony spurs *(osteophytes)* and arthritis.



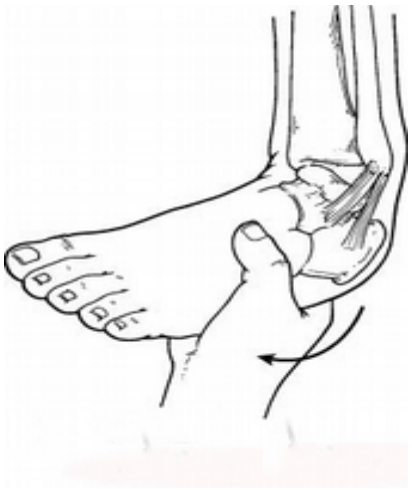
Non Operative Treatment
The first line of treatment for ankle sprains is rest, ice, compression and elevation with painkillers and anti-inflammatories (if tolerated). Physiotherapy is then useful to regain range of movement, strength, balance and joint position sense.

An ankle brace may be useful for people who have tried all these measures and experience ongoing problems with sporting or daily activities

Finally, a targeted corticosteroid injection may offer relief from ankle inflammation and help settle symptoms so that physiotherapy can continue.

Operative Treatment
When all these non-operative measures fail and recurrent ankle instability becomes an ongoing problem surgery is indicated.

The ankle ligaments are assessed clinically and an MRI scan is sometimes necessary to identify any problems within the ankle joint itself or the tendons and ligaments around the joint.



Weak Ligament

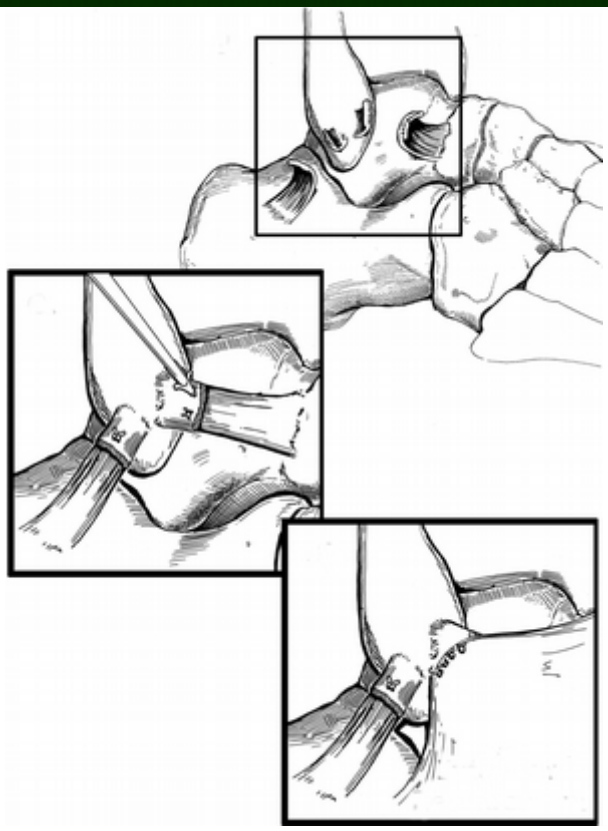
There are two components to the surgery.

An arthroscopy is performed with a camera through two small incisions at the front of the ankle. The joint surfaces are inspected, inflammatory and scar tissue is removed and any bony spurs (*osteophytes*) are trimmed away.

An incision is made over the outside of the ankle where the ligaments have been torn away and the ligaments are reconstructed in an anatomical fashion and reinforced with overlying tissue (*modified Brostrum-Gould repair)*. If indicated, the tendons behind the ankle are inspected and repaired.

At the end of the operation a backslab (half plaster) is applied to immobilise the ankle and protect the reconstruction.

Ligament Reconstruction



Reconstruction Reinforced

Post Operative Recovery

As with all reconstructive surgery your rehabilitation and postoperative physiotherapy regime forms a vital part of your recovery from surgery and return to normal activities.

The first two weeks are dedicated to reducing the swelling with elevation of the foot and mobilising non-weight bearing with crutches to allow the wounds to heal. You will then be allowed to wear a lace up ankle brace and gradually increase your weight bearing status and work on range of motion. 6 weeks after surgery the brace is removed for daily activities and an intensive strengthening and balance program begins. The brace is to be worn for all sporting activities and you should be able to return to sports 3-6 months after surgery. The ankle may always be a bit stiffer than the normal side and a slight reduction in range of motion is not uncommon but this is rarely a significant problem.

Risks and Complications

No surgery is risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots and anaesthetic problems and measures are taken to reduce these. There is approximately a 5% chance of experiencing problems with recurrent instability and this is usually due to a fresh injury or sprain. A successful outcome is achieved in more than 90% of cases.

Recovery

Hospital stay	1 night
Plaster (no weight bearing)	2 weeks
Crutches	2-4 weeks
Walking well	6 weeks
Return to sports	3-6 months
Final result	12 months

This brochure is a brief overview of ankle instability and is not designed to be all-inclusive.
If you have any further questions please discuss them with your surgeon.