



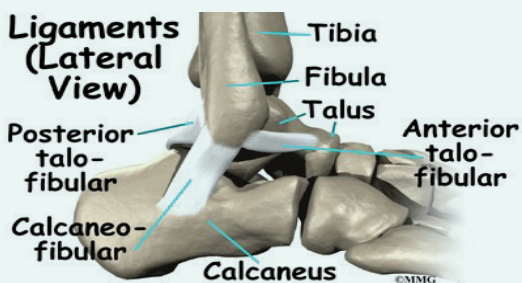
# ANKLE ARTHROSCOPY & BROSTROM RECONSTRUCTION

## What is the goal of lateral ankle ligament reconstruction?

The goal of this surgery is to restore normal stability to the ankle. This should also fix a patient's feeling that the ankle "gives way" and any pain that is associated with an unstable ankle.

## SPECIFIC TECHNIQUES

The surgery begins by making a C- or J-shaped incision over the outside of the ankle. The ankle ligaments are identified if possible. The ligaments are stabilized using anchors that are placed into one of the bones of the ankle (the fibula bone). Stitching other tissue over the repaired ligaments further strengthens the repair.



## What signs indicate surgery may be needed?

Surgery is considered when you have an unstable ankle that does not respond to nonsurgical treatment. Several months of nonsurgical treatment is often recommended before surgery. A physical examination will show that the ankle is unstable; while X-rays and MRI scan are used to help with the diagnosis.

## When should I avoid surgery?

Your general health plays a role in any decision to have surgery. Patients with nerve or collagen diseases may not be helped by this type of surgery. Other diagnoses, including ankle joint arthritis, may require different surgeries that treat the bones and joints. Chronic pain may benefit most from nonsurgical management with a pain specialist.

## General Details of the Procedure

The reconstruction procedure, sometimes named as lateral ligament repair is combined with ankle arthroscopy. The procedure is done under general anaesthetic as a day case

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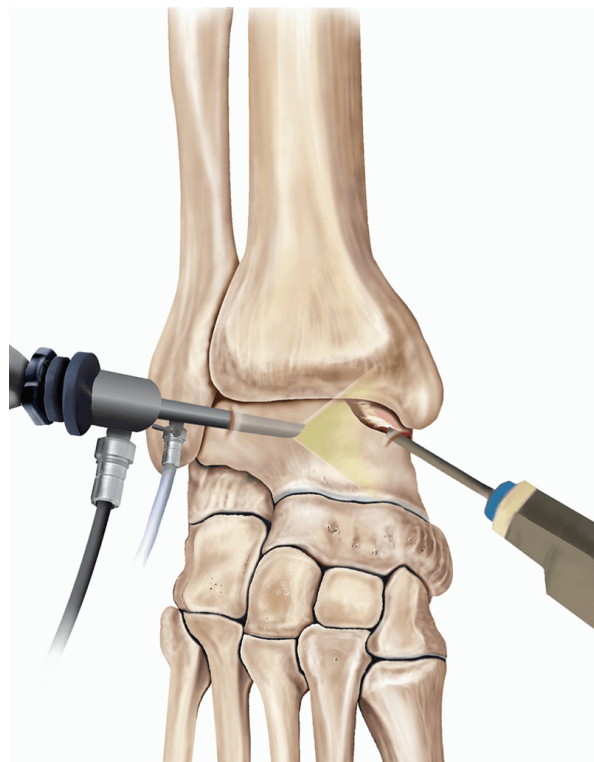
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## POTENTIAL COMPLICATIONS

There are complications related to all surgical procedures. These include the risks associated with anaesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

Patients commonly experience decreased sensation around their incision which may also extend to the top of the foot. This occurs up to 20 percent of the time and ranges from increased sensitivity to complete loss of sensation.



## What Happens After Surgery?

Post-surgery you can weight bear immediately as tolerated, through a rehabilitation boot. You will be required to wear this for **4 weeks** post operatively. You can expect some pain and swelling following surgery. The leg may need to be kept elevated and you may need to take oral pain medication. Try to elevate your leg 4 hours for the first **4 days** and intermittently ice the area (your boot can be taken off to do this).

**You will be examined at 2 weeks, 4 weeks, 6 weeks, and 12 weeks post operatively.** Keep your dressing intact and dry until your initial examination. Ankle strengthening with a physiotherapist should commence **4 weeks** post operatively, however, this will be confirmed at your **4-week** appointment.

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# Rehabilitation Framework

Please present this to your physiotherapist at your first appointment

## 4-8 WEEKS POST-OP

- Restore normal gait, discontinue crutches when gait is no longer antalgic
- Ambulation training in Aquatrex
- Active ROM as tolerated
- Passive heel cord stretching
- Joint mobilisation
- Plantar flexion and dorsiflexion PRE's
- Bicycle ergometer
- Proximal musculature PRE's
- Modalities PRN

## 8-12 WEEKS POST-OP

- Inversion/Eversion isotonic exercise
- Begin proprioception program
- Continue with lower extremity PRE's
- AROM activities in all directions
- Begin Retro program
- Restore normal ROM
- Calf Raises
- Stairmaster, Versa climber as tolerated
- Nordic attack

## 12-20 WEEKS POST-OP

- Continue with lower extremity PRE's
- Advanced proprioception activities; Fitter, Euro glide, Sport cord
- Continue with flexibility activities
- Progress endurance activities
- Begin running program (PWB-FWB)
- Isokinetic in all planes

## 20-28 WEEKS POST-OP

- Agility exercises
- Advanced functional exercises
- Continue/Progress running program
- Isokinetic test
- Functional test assessment
- Return to full sporting activities

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