

Lateral ligament stabilization

Lateral ligament injuries (ankle sprains) are one of the most sporting injuries. The ligaments (strong bands of soft tissue) on the outer aspect of the ankle are stretched or completely torn following an inversion (ankle rolls outward) injury. The majority of these injuries do not require surgery and respond well to rest, ice, compression and elevation. Physiotherapy is also helpful.

However, in a small proportion of patients, recurrent instability develops or there is a failure to return to normal pre-injury activities, despite an appropriate course of non-operative intervention. In these instances, surgery may be required.

An MRI scan is usually performed prior to surgery to evaluate for any other pathology within the ankle joint which can be treated at the same time.

Surgery

A lateral ligament reconstruction is usually a day surgery procedure. It is usually performed in combination with an ankle arthroscopy (key-hole surgery). The goal of the operation is to tighten the stretched and torn ligaments by reattaching them to bone.

The operation is done under a general anaesthesia. Local anaesthesia is also usually infiltrated around the wounds, at the end of the procedure.

An ankle arthroscopy is usually performed first via 2 small stab incisions along the front of the ankle joint. The joint is then inspected and cleared of any inflammatory or scar tissue. Any injury to the cartilage lining the joint can also be treated.

A separate incision is then made over the outer aspect of the ankle, around 3 cm in length. The torn ligaments are then reattached to the bone using strong sutures. The skin is then usually closed using dissolvable sutures and steristrips.

Rehabilitation and recovery

A half cast is applied at the end of surgery and this is left intact for the first 2 weeks. No weightbearing is permitted at this stage thus forearm crutches or a knee scooter are recommended. A self-administered injection to thin the blood is also required daily for these first 2 weeks, to prevent the formation of blood clots.

At 2 weeks, the half cast is removed and the wounds are reviewed. An aircast boot is then applied and physiotherapy commences. Inversion movements are avoided until week 6 from surgery. The boot is used until around week 6 from surgery also. Driving is usually not permitted until 4-6 weeks from surgery, depending on whether the left or right ankle was operated on.

Physiotherapy is usually required until 3 months from surgery and a returning to running and sport commences from that stage.

