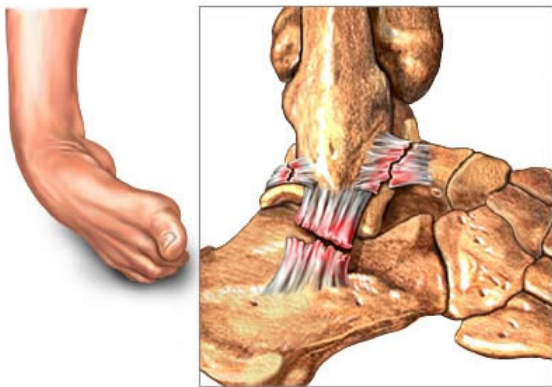


# Ankle Instability

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 daily activities. This leads to recurrent ankle sprains, joint pain, swelling, inflammation, and further damage to the ligaments around the ankle. Some people experience intermittent ankle pain, which occur with episodes of instability, whilst others feel that their ankle aches more often. Recurrent instability episodes can cause damage to the joint surface cartilage, the formation of bony spurs (osteophytes), and post-traumatic arthritis.



## NON-OPERATIVE

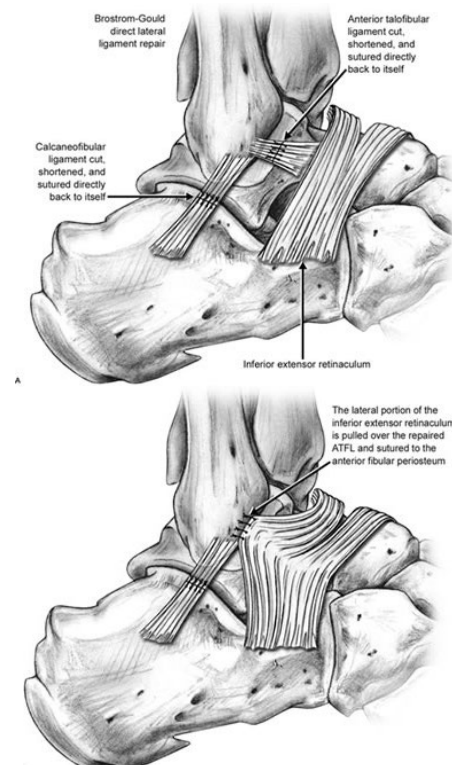
The first line of treatment for ankle sprains is rest, ice, compression, elevation with painkillers and anti-inflammatories (if tolerated). Physiotherapy is then useful to regain range of movement, strength, balance and joint position sense (proprioception). An ankle brace may be useful for people who 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

When all these non-operative measures fail, and recurrent ankle instability becomes an ongoing problem, surgery is indicated. The ankle lateral ligaments are assessed clinically and an MRI scan may be necessary to identify any problems within the ankle joint itself or the tendons and ligaments around the joint. There are 2 components to the surgery. An incision is made over the outside of the ankle where the ligaments have been torn away and the ligaments are repaired in an anatomical fashion and reinforced with overlying tissue (modified Bröstrum-Gould repair). If indicated, the peroneal tendons behind the ankle are inspected and repaired. At the end of the operation a controlled ankle motion boot is applied to immobilise the ankle and protect the repair and surgical incisions.

In addition to the ligament repair, an arthroscopy is initially performed through 2 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.



# ANKLE INSTABILITY

## POST-OPERATIVE

**Day of Surgery:** When you wake up in recovery your foot will feel numb from the anaesthetic block. This usually lasts for around 6-12 hours, and it is important that you take a full dose of the prescribed strong painkillers when you start to feel the anaesthetic wearing off, or before you go to bed. If you wait until the pain is bad, you usually end up taking more tablets than otherwise.

Your ankle will be secured with a VACOCast boot. You are allowed to put full weight as tolerated through the leg, but you may need some crutches initially to assist with your balance. You'll usually go home the morning after the surgery.

**First 2 Weeks:** It is important that the bandages and boot remain in place and completely dry until your 2 week post-op review (this includes having the boot on 24 hours a day). This is to minimise the risk of infection or damage to the surgery site.

Elevate your foot aggressively as much as possible to minimise swelling - the rule is "TOES ABOVE THE NOSE". If you do too much on the foot, it will be more swollen and painful than otherwise, and the risk of wound complications is increased.

**2 Week Post-Op Review:** Dr Zilko's clinic nurse will remove your boot and bandages to check the surgical incisions. The stitches will come out and you will start to transition into a normal supportive shoe, usually a gym/training shoe.

**From 2 Weeks Post-Op:** You will commence an intensive physiotherapy regime to regain your range of movement, lower limb strength, joint position sense (proprioception) and balance. A formal rehabilitation protocol will be given to you to pass on to your physio.

For more info, see:

<https://www.drsimonzilko.com.au/ankle-sprain.html>

## RECOVERY TIMES

Hospital Stay	Overnight
Rest & Elevation	7-10 days
CAMboot	2-3 weeks
Ankle Brace	> 2 weeks
Sport Training	6 weeks
Return to Play	12 weeks
Full recovery	6-12 months

## TIME OFF WORK

Seated	2-3 weeks
Standing	6 weeks
Heavy Physical Work	10-12 weeks

## COMPLICATIONS

There is no such thing as risk-free surgery. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, nerve injury, blood clots and anaesthetic problems with lower limb surgery 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 good outcome is achieved in more than 90% of cases.



*These notes have been prepared by Dr Zilko. They are general overviews and information aimed for use by his specific patients and reflect his views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.*

Copyright 2024 Dr Simon Zilko. All rights reserved.