

Lateral ankle ligament injuries

Information for patients from Trauma and Orthopaedics (T&O)

You have been given this leaflet because you have been diagnosed with a lateral ankle ligament injury. This information may help you understand your condition and what your treatment options are.

What is ankle instability?

The ankle joint is supported by soft tissue around it. When the ankle rolls over these tissues can become stretched, disrupted, or completely torn.

Around the ankle the ligaments on the outer or lateral side (anterior talofibular ligament and calcaneofibular ligament) are most commonly affected by this type of injury (see diagram).

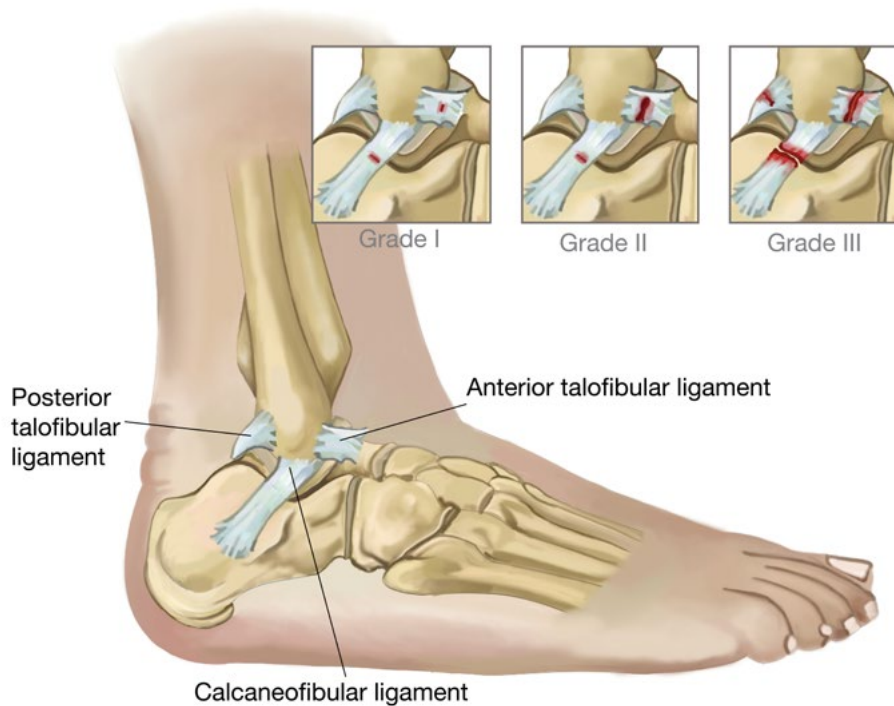


Diagram showing lateral ankle ligament injuries



What causes ankle instability?

Trauma is often the cause, however some patients may also have hypermobility (where their joints are more flexible than other people's).

What are the symptoms?

Normally there is pain and swelling around the injured area, which may be linked with instability when walking or running.

What happens if I ignore the condition?

The reason(s) why you came to the appointment may not get better and sometimes can get worse. It is difficult to predict.

What are the treatment options?

- The first treatment for all ankle sprains without a fracture should be protection of the joint (using an ankle brace or walking boot), rest (crutches), compression (sometimes a compression bandage is of help), and elevation (raising your ankle - see next page).
- Painkillers (such as paracetamol and ibuprofen) and non-steroidal anti-inflammatory medication may also be used.
- Physiotherapy will help with recovery.
- Surgery should only be considered after you have tried the treatments listed above.

What happens during surgery?

Surgery can be considered if your pain and symptoms of instability continue once you have tried the treatments listed above.

With this operation the lax ligaments are first taken off the bone. They are then secured with a special stitch and advanced and reattached by drill holes into a bony channel made on the bone (fibula for lateral structures). This tightening procedure is reinforced with repair of the overlying tissue (retinaculum) as well.

You will discuss this procedure with your surgeon before any treatment is decided. You will have a chance to ask questions or raise any concerns you may have.

Will I have a general anaesthetic?

The surgery is normally carried out under general anaesthesia (you will be asleep).

You will be given instructions in your preassessment appointment about when to stop eating/drinking, what to do with your medications, and where to come on the day of your surgery.

How long will I have to stay in hospital?

This procedure is performed as day surgery.

You will need someone to drive you home after your surgery and someone must stay with you overnight.

What happens when I arrive at the hospital?

When you arrive at the hospital you will be seen by the nurses, a physiotherapist, and doctors who will explain your procedure. Please use this time to ask any questions.

You will be asked to change into a hospital gown and stockings.

How will I feel after my surgery?

You will be given painkillers to help with any discomfort after your operation. Everyone reacts to the anaesthetic differently. Feeling sick is common and we do our best to avoid this.

What happens after surgery?

- Your leg will be placed in a below-knee cast for two weeks.
- Two weeks after your surgery your wound will be checked and a complete below-knee cast fitted for a further four weeks.
- For the first six weeks after your surgery you should not put any weight on your affected leg. You will be given crutches for support. Please use these as advised by your doctor.
- It is important to elevate (raise) your ankle as much as possible (see diagram below).

An example of good posture and elevation



- Six weeks after your surgery you will be fitted with a walking boot, and weight-bearing will be allowed whilst you are wearing the boot. Physiotherapy will also begin at this time.

When can I start my normal activities again?

Returning to non-impact sports should be possible six weeks after your operation. Impact sports cannot be started until 12 weeks.

When can I drive again?

This is a difficult question to answer. Your healthcare professionals are not able to take responsibility for this. You will need to check with your insurance company as to when they will be willing to insure you to drive again. It is important not to be in a cast or boot when driving, and you must be able to do an emergency stop safely before driving again.

When can I return to work?

This will depend on how much your work needs you to put weight on your affected foot. If your work is sedentary (you mainly sit at a desk) and you can keep your foot elevated, then you can return to work after six to eight weeks. If this is not possible and your job is more active, you should expect to return to work after 12 to 16 weeks.

What are the risks?

As with any surgery there are risks, and these will be discussed in more detail when you speak with your surgeon. However, common complications include the following.

- You can expect **swelling** for up to six months, particularly in the evenings.
- **Infection** rates are low, and antibiotics are given before any surgical treatment begins. However, if infection does happen this can cause significant problems. If you get a skin infection, this can be managed with antibiotics. If there is a deep infection, it may be necessary to remove any unhealthy bone, combined with a long course of antibiotics.
- **Nerve injury** can result in numbness or tingling over your foot. This is usually temporary, but in a small number of cases it may become permanent.
- **Sutures (stitches)** can rarely become prominent (jut out) and cause pain from irritation of the overlying soft tissues (including your muscles and tendons). If this continues the sutures may need removing.
- **Chronic Regional Pain Syndrome** can develop when the nerves around the operation site become overly sensitive. Swelling, skin changes, and stiffness can happen and can make you feel weak. This is uncommon but if it does happen it is usually managed by a specialist in pain management.
- **Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)** is rare with this surgery. However anticoagulation medication is given after surgery to try to prevent clots forming whilst you are not able to move your leg. This is a preventative measure, but a clot can still form despite this.

What if I have any questions or concerns once I return home?

You can contact the team secretary through the hospital switchboard if you have any questions before your surgery (please refer to your appointment letter).

After surgery you can call the team secretary, the ward, or your GP if you have any further concerns or questions. If you are concerned and cannot get in touch with anyone go to your nearest Emergency Department.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation