GURDIP CHAHAL
FOOT AND ANKLE SURGEON

NHS Foundation Trust

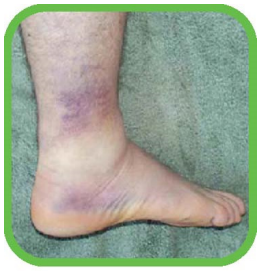
Ankle Stabilisation Procedure

Following your consultation with a member of the Foot and Ankle team you have been diagnosed with an unstable ankle. This leaflet aims to give you additional information about your condition and the treatment. It is designed to give you some general details about the recovery from surgery if necessary and the common risks and complications. This leaflet is not for self-diagnosis. Please ask your surgeon if you have any further questions. If anything changes before the operation please let your surgeon or their secretary know (e.g. skin problems, infections, injuries).

What is it?

The Brostrom operation is a repair of damaged ligaments on the outer(lateral) side of the ankle.

Why would it be done?



Typical bruising after lateral ligament injury

If you have torn the ligament on the lateral side of your ankle and the ankle keeps giving way, you would normally be prescribed a course of physiotherapy. This normally settles down the inflammation in your ankle and strengthens the muscles on the outside of your ankle (peroneal muscles) to help control the joint better and re-teach the nerve endings inside the ankle to work better. This improves the problem and allows most people to get back to activities. If it does not, we may recommend an exploratory operation on your ankle to assess the damage and see if there is anything wrong inside the ankle joint itself. This operation is called an “arthroscopy” of the ankle and there is a separate information sheet about it. If arthroscopy confirms that your ankle is truly unstable and there is nothing else the matter, we recommend a simple repair to the ligament. This is the Brostom operation. The ankle arthroscopy and Brostrom repair can be performed at the same time.

What does it involve?

A cut is made over the outer side of the ankle. The remains of the ligament are found. Small anchors are attached to the bone on the outer side of the ankle (the “lateral malleolus”). Special sutures are used to reattach the ligament to the bone. Sometimes further re-enforcement is needed. The skin is closed and a plaster is applied. Occasionally, the ligament is so badly damaged or the ends are so scarred, that it cannot be repaired. In that case, the ligament would be replaced with a piece of tendon from the outside of your ankle or with artificial ligament (internal brace). The cut for this is longer and a second cut may be needed higher up the leg to get the tendon free. The free piece of tendon is attached to the bone with stitches tied through small anchors in the bones where your ligaments normally run. The skin is closed and a plaster is applied to the leg

Can it be done as a day case operation?

It is usual to stay one night after the operation to allow adequate pain control. However, if you are otherwise fit and there is someone who can collect you afterwards and stay with you overnight, the operation can be done as a day case. This means that you are admitted to hospital, operated on and discharged home on the same day. You may need to come back to plaster room the day after your operation to have your plaster changed.

Will I have to go to sleep (general anaesthetic)?

The operation is usually performed under general anaesthetic (asleep). Alternatively, an injection in the back can be done to make the ankle numb while you remain awake. Your anaesthetist will advise about the best choice of anaesthetic for you. In addition, local anaesthetic may be injected into your leg or

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foot while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain killing tablets as required.

Will I have a plaster on afterwards?

A plaster splint down the back of your ankle and under your foot will be applied while you are asleep. This is only a half plaster to allow for swelling. You may be able to put a little bit of weight through this plaster but you will be advised by your surgeon and team. If the surgery was carried out as a day case you may need to return to the plaster room to have a new plaster fitted after a few days.

What will happen afterwards?

You can go home when comfortable and safe. You may need a check-up a day or two after surgery, as described above, with a plaster change. You will usually be seen in the clinic 14-17 days after your operation. The plaster will be removed and the wound inspected. An ankle brace will be applied to your ankle which allows your ankle to move up and down but not side to side. You can walk with your full weight on this. Physiotherapy will be arranged to start mobilising your ankle again. Another clinic appointment will be made for 4-6 weeks later. The brace will then be removed and the ankle examined.

Ankle brace

An ankle brace is worn at all times between 2 and 6 weeks after surgery.

How soon can I....

Walk on the foot?

You will be advised by your surgeon and nurses how much weight you will be able to put through your plaster in the first 2 weeks after your operation. You can walk fully on the foot as soon as it comes out of plaster, wearing your ankle brace.

Go back to work?

If your ankle is comfortable and you can work in the ankle brace with your foot up most of the time (basically in a desk job), you could go back to work within 2-3 weeks of surgery. On the other hand, if you do a heavy manual job you may need 3 months off work. How long you are off will depend on where your job fits between these two extremes.

Drive?

Most people prefer not to drive until the brace is off, They can wear a shoe and are able to fully weight bear. Drive short distances before long ones. If you cannot safely make an emergency stop your insurance will not cover you in the event of an accident. If only your left foot is operated on and you have an automatic car, you can drive within a few weeks of the operation, when your foot is comfortable enough and you can bear weight through it.

Play sport?

Once you are into your ankle brace you can gradually increase your level of activity under the guidance of your physiotherapist. Once you can walk comfortably you can start running, swimming and cycling, increasing the distance covered gradually. Once you can run comfortably, you can do some turning and jumping. As this recovers you can go back to low impact, noncontact sports and finally to full contact sports. It is common to take 6-8 months to return to sports such as football or rugby

Risks:

The repair may be:

- Too tight. The ankle feels stiff and may not recover full flexibility. Over a period of years this can loosen off but does not always do

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so.

- Too loose. The ankle still feels lax and gives way. Most people find it better but not perfect whilst a few need repeat surgery. With the Brostrom procedure it is commoner to be too loose than too tight.
- The ankle may continue to give way even with a good repair which is not loose. This is because the small nerve endings in the ankle are not working well, the peroneal muscles have not recovered their strength or the Achilles tendon is tight.
- Physiotherapy usually improves this, but a few people keep wearing an ankle brace.
- In a few cases the wound is slow to heal or develops a minor infection. This usually settles with dressings and/or antibiotics. Some bleeding and bruising is not uncommon.
- The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 1 in 10 people, they are stretched or small nerve branches are cut. This produces a numb, sometimes tingly, occasionally painful, area over the top or outer side of the foot. In many people this gets better over 68 weeks, but in about 1 in 2 of those affected it does not get better.
- COVID-19 infection increases the risk of complications and we recommend you read the separate leaflet about this. If you are in one of the vulnerable groups you should think very carefully about proceeding with surgery unless it is absolutely necessary

There are general risks with any operation that include blood clots (DVT & PE), anaesthetic complications and tourniquet complications. Generalised pain, swelling and stiffness can occur in the foot after any operation or injury (chronic regional pain syndrome — CRPS).

Wellbeing Advice

Patients that have a healthy diet, take regular exercise and refrain from smoking prior to surgery are more likely to experience quicker and better recovery and may also have a more successful outcome with their surgery. If you have any concerns about your general health and well being (diet, exercise, smoking cessation) you are encouraged to discuss this with your GP, who will be able to provide advise on the options available to you.

Further information

The figures for complications given in this leaflet have been taken from information produced by the British Orthopaedic Foot Surgery Society using audits from all areas of the UK.

The British Orthopaedic Foot Surgery Society web site is available at: www.bofas.org.uk

Myerson , S (Ed) (2000) Foot and Ankle Disorders, Saunders, Philadelphia.

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution