



Ankle Stabilisation Procedure

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- 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 tingling, occasionally painful, area over the top or outer side of the foot. In many people this gets better over 6-8 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 advice 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