Dr Simon Platt

MB ChB, PGCert ,FRCS, FRCS (Tr. & Orth), FRACS (Orth)
Orthopaedic Surgeon (Foot & Ankle)

Dr Simon Platt's special interests include:

- Sports injuries
- Arthroscopic (keyhole) and minimally invasive surgery
- Soft tissue injuries
- Bunions
- Acute fractures
- Reconstruction procedures
- Achilles tendon surgery.

To arrange an appointment with Dr Simon Platt, please contact:

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Coast Foot and Ankle | DR. SIMON PLATT

'All-inside' technique helping patients kick chronic ankle instability

A Fact Sheet by Dr Simon Platt

Dr Simon Platt is one of only a handful of orthopaedic surgeons in Queensland performing an all-inside ligament reconstruction to help patients suffering from chronic ankle instability get back into the sporting arena.

The foot and ankle specialist, said the less invasive technique, known as the ArthroBrostrom, resulted in less wounds, swelling and scaring than the more traditional approach to surgery.

The ArthroBrostrom is an arthroscopic lateral ligament repair to the anterior talofibular ligament (ATFL), using arthroscopic portals and an additional small incision.

Dr Platt said his usual practice was to scope the ankle during the procedure.

"There is often debris in the ankle and we have published and presented research that shows this is typically pain-generating and may cause problems later, even if the ankle is stabilised," he said.

"The ArthroBrostrom allows you to scope the ankle and, at the same time, do the ligament reconstruction through the scope.

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"There is a much smaller incision involved than with the traditional technique, so it is quite a 'neat' procedure."

Dr Platt said patients would wear a moon boot for four weeks following the day-case surgery.

"Their wound will settle over the next 10 to 14 days, with gentle physiotherapy beginning virtually immediately and increasing at around the two-week mark," he said.

"They will be back to playing sport in about six to nine months.

"The ArthroBrostrom technique doesn't alter the length of recovery time, but it does mean we make fewer and smaller incisions resulting in less wounds, swelling and scaring.

"At the same time, it is as strong as the traditional technique, if not better."

Dr Platt said the procedure was life-changing for patients.

"Every time you roll an ankle it is painful, so those who suffer from chronic ankle instability tend to become quite apprehensive and avoid any activities that may provoke that movement," he said.

"Often they have sporting aspirations, whether that is at a professional or recreational level, and their ability is affected by this apprehension - they go from being quite active to not doing much for fear of rolling their ankle.

"Patients tend to be younger, sporting people, but those of any age with recurrent sprain or instability in the ankle are a candidate for the procedure."

Dr Platt said those who played sports such as soccer, basketball and netball were more susceptible to suffering from repeated sprains.

"Generally they have tried physiotherapy and failed to get better," he said.

"It is a very unpleasant condition to have, so to repair it - by any technique - improves quality of life.

"Once the reconstructive surgery is done, it gets them back to sport and back to activity, but most importantly gets them back to day-to-day life without the fear of going over on their ankle."