

ANKLE ARTHROSCOPY AND SYNDESMOTIC STABILISATION **(High ankle ligament rupture)**

What is the problem?

An ankle syndesmotic injury involves the spraining or tearing of the ligaments above the ankle joint. The connection between the tibia and fibula is a syndesmosis, where the edges of the two bones are held together by thick connective ligaments.

If the ankle joint is unstable after injury, then ankle arthroscopy and syndesmotic stabilisation surgery is indicated to reduce the separation between the tibia and fibula, so that the ligaments can heal. The surgery involves removing any loose cartilage and/or scar tissue from the ankle by arthroscopy (key hole surgery), and stabilising the tibia and fibula using anchors, tigtropes or screws.

What's involved?

Ankle arthroscopy and syndesmotic stabilisation surgery involves a number of steps. These include:

- general anaesthetic, antibiotics
- two small incisions (each 1 cm long) over the front of the ankle
- insertion of arthroscope
- insertion of arthroscopic equipment including scissors, scrappers, shaver and burr
- assessment of joint stability
- incision over outside of the ankle (5 cm long)
- reduction of the syndesmosis using tigtrope, anchors or screws
- wound closure with stiches/sutures
- infiltration with local anaesthetic
- back slab plaster application

What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. The risk of complications with ankle arthroscopy and lateral ligament surgery is low. Some of the risks of surgery include:

- Infection
- Nerve injury – this may result in numbness, tingling and/or pins and needles on the top of the foot
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Post operative synovitis (inflammation of the lining of the joint), this usually settles with anti-inflammatory medications
- Ongoing pain
- Ongoing instability

What can I expect after surgery?

Rest

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising
- Do **not** bear weight for the first six weeks

Pain

- Pain relief may be required for up to 2 weeks; depending on your other medications this may include:
 - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications

Driving

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel

Follow up

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

Typical milestones

- 2 weeks: Wound review and removal of sutures, change from cast to boot, commence early active range of motion
- 2-6 weeks: regular physiotherapy to increase range and weight bearing to 100% by six weeks
- 6weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 3-6 months

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email info@drphegan.com

After hours please contact the hospital where your surgery was performed or attend your local GP