

Ankle Arthroscopy & Lateral Ligament Reconstruction (Ankle Stabilisation Surgery)

What is the problem?

Ankle arthroscopy and lateral ligament reconstruction is required when the ankle remains unstable despite appropriate physiotherapy and rehabilitation.

The surgery involves using an arthroscope (keyhole surgery) to assess the ankle joint and remove any loose cartilage and/or scar tissue from the ankle that may be contributing to symptoms.

The torn lateral ankle ligaments, including the **anterior talofibular ligament (ATFL)** and **calcaneofibular ligament (CFL)**, are then repaired and reattached to the fibula using two small suture anchors (specialised screws) to restore stability to the ankle.

What's involved?

Ankle arthroscopy & lateral ligament surgery involves several surgical steps:

- General anaesthetic and antibiotics
- Two small incisions (each approximately 1 cm long) over the front of the ankle
- Insertion of the arthroscope
- Insertion of arthroscopic equipment, including scissors, scrapers, shaver and burr
- Incision over the outside of the ankle (approximately 5 cm long)
- Reconstruction of the lateral ligament with two suture anchors (small screws) inserted into fibula bone
- Wound closure with stitches/sutures
- Infiltration with local anaesthetic
- Application of a backslab plaster

What are the possible risks?

All surgical procedures carry some risk. Fortunately, the risk of complications following an ankle arthroscopy and ligament surgery is low. Possible complications include:

- Infection
- Nerve injury causing numbness, tingling or pins and needles on the top of the foot
- Deep vein thrombosis (DVT) or pulmonary embolism (PE). The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy or adverse reaction to medications
- 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 and elevation

- 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 relief

Pain relief may be required for up to two weeks. Depending on your other medications and individual circumstances, this may include:

- Regular paracetamol.
- Anti-inflammatory medication.
- Breakthrough opioid medication if required.
- A regular blood thinning medication will also be prescribed for 6 weeks

Driving

Your ability to drive safely will depend on which foot has been operated on, your mobility, footwear and your ability to safely control the vehicle.

- Right foot or both feet: you should not drive for a minimum of 6 weeks.
- Left foot: if you drive an automatic vehicle, driving may be possible, but Dr Phegan recommends waiting a minimum of 2 weeks before attempting to drive.
- Driving while wearing a cast or boot may be hazardous.

Driving any vehicle while wearing a cast or boot may be hazardous. You should consider this before returning to driving

Follow up

Your first post-operative appointment will be arranged by Dr Phegan's rooms. A confirmation SMS will be sent with the date and time.

Keep all dressings dry and intact until your post-operative appointment.

Stitches (sutures) are typically removed at your first post-operative appointment with Dr Phegan and his in-house therapists, usually 10–14 days after surgery. Occasionally, some sutures may need to remain in place for longer to allow adequate wound healing.

Typical recovery milestones

Time after surgery	Expected milestones
2 weeks	Wound review and removal of sutures, change from cast to boot. Commence early active range of motion. Touch weight bear in boot.
2-6 weeks	Regular physiotherapy to increase range and gradually increase load to 100% by 6 weeks.
6 weeks – 3 months	Commence rehabilitation with strength, range of motion and proprioceptive exercises.
3-6 months	Full recovery is expected for most patients.

These timeframes are a guide only. Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

When should I seek help?

If you have concerns about your recovery, please contact your treating team.

During office hours

Dr Phegan's office

Phone: **(07) 5671 1120**

Email: info@drphegan.com

After hours

Please contact the hospital where your surgery was performed or attend your local GP or emergency department.

If you experience a medical emergency, seek urgent medical attention or call 000.

Important information

This information sheet provides general information about your surgery. Your individual treatment and recovery may differ.

Please follow the specific instructions provided by Dr Phegan and your treating medical team, particularly regarding weight-bearing, medications, wound care, follow-up and driving.

If you are unsure about any aspect of your recovery, please contact the practice for advice.