



Rehabilitation Protocol for ankle ligament reconstruction

What to expect after ankle ligament reconstruction surgery

Ankle ligament reconstruction surgery can be used to treat lateral ankle sprains and instability. The aim is to stabilise the ankle, preventing it from 'giving way'. It is often carried out when other non-surgical methods of treatment, such as physiotherapy, have not been successful. In some cases, Mr Heidari may first examine the ligament using arthroscopy, before making a larger cut (incision) near the ligament. In some cases, the existing ligament can be repaired with stitches. However, the repair may need to be strengthened by support from either artificial ligaments or other tissues, or a tendon can be used to replace torn ligaments.

This leaflet tells you what to expect as you recover from having ankle ligament reconstruction surgery. However, everyone is different and your recovery may be different from other people's. **Please contact Mr Heidari if you are worried about any aspect of your recovery.**

Immediately after your operation

When you wake up after surgery, your foot will be raised and you will have a splint or cast (which will stay on for at least two weeks). Your foot will be numb and pain-free (from a local anaesthetic injection around the affected area). It can take up to six weeks before you will be able to take your weight on your ankle, along with wearing a support boot.

When you have recovered from the anaesthetic, you'll be shown how to walk using crutches so that you can keep weight off the foot. Most people can leave hospital the same day as their surgery or the day after. However, this will depend on your general health, and how quickly you recover from the procedure. You'll also be given some exercises to help you walk correctly, allow the ankle to regain movement and flexibility, and reduce swelling. In most cases, you'll be given anti-inflammatory painkillers to take for a few days.

The day after surgery

- The block will start to wear off so you may have more pain. Taking painkillers regularly can help with this
- Try to rest your foot as much as possible. Keep it elevated (raised above the level of your heart) whenever possible





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Day 3-7

- Try to rest as much as possible, with your leg elevated
- Whenever you put your foot down it will start to swell and become sore
- It's normal to have some mild bruising
- By the end of the first week you should have significantly less pain

Day 7-14

- You should be starting to feel better, but try to keep your foot elevated as much as possible as this will reduce your pain and swelling
- You should be able to walk short distances at home and get in or out of a car, using your crutches
- If your job involves sitting down for most of the time, you should be able to return to work

Day 12-16

- During this time, you will have a **follow-up appointment**, during which your cast will be removed so that the wound can be checked, stitches removed, and you'll be fitted with a specially designed supportive boot

Day 21

- Although some people may have scarring, applying moisturisers around the wound, such as aloe vera, vitamin E or bio-oil, can help to reduce this. Once the wound is completely healed, these lotions may be applied over the wound itself
- It's safe to swim once the wound has dried up

Day 28

- In most cases, you'll be able to put weight on the foot in a normal shoe (although you may have to wear larger shoes, trainers or rubber 'croc' type shoes because your foot may be swollen for up to 10 weeks)
- Although the ligaments won't have fully healed, you should be able to walk short distances without any problems

Weeks 5-6

- At this stage you will have another **follow-up appointment**



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- Although you'll be able to move your foot normally, it's still best to avoid walking long distances
- You may be able to return to work even if your job involves standing, walking and/or manual work
- Try to keep your foot up as much as possible when you are sitting down
- You can begin low impact gym work such as the exercise bike or cross-trainer
- You should be OK to start driving a manual car, if advised by Mr Heidari, but also check with your car insurance company first
- You may be referred for physiotherapy if necessary

Week 12 onwards

- You will have a **final review** with Mr Heidari
- You should be able to walk normally
- Running, as well as other high impact exercise, can usually be started at around 10-12 weeks
- If you wish, you may be able to start wearing shoes with heels, moving into higher heels over time (although wearing these for too long may cause damage to your feet)

Exercises

Carrying out these regular exercises after your ankle ligament reconstruction surgery is essential to prevent stiffness, restore your range of movement and help you return to your everyday activities as quickly as possible. It's not possible to cause damage to your foot by doing these exercises, although it may feel a little uncomfortable to begin with. However, the more regularly you carry out your exercises, the better the results will be.

In the first 2 weeks

It's important to rest and recover as much as possible during this initial post-operative period to control the swelling and pain. However, within this period you should be able to gradually put more weight through your leg while wearing a cast and to perform a range of exercises given to you for your hip and knee without any assistance (to achieve an active range of motion (AROM)).

Week 2-6

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- During this period more weight-bearing exercise (with and without crutches) will be possible, along with AROM for your injured ankle
- Using an exercise bike can also help to maintain your core strength and movement in the hip and knee joints
- Your physiotherapist will show you how to safely stretch the muscles in your foot and ankle

6 weeks after the operation

- You can begin ankle strengthening exercises, as pain allows
- You'll also be able to begin running (in straight lines only) once the ankle is strong enough

Scar massage

It will help to gently massage the area around the scar as much as possible. The scar may be sensitive and more painful in some areas but it's important to continue to desensitise the scar and prevent adhesions (tissues sticking together). Try to do this for a few minutes at least twice a day.



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