ANKLE STABILISATION

SURGERY INFORMATION





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THE SURGERY

- The surgery an incision on the outside of the ankle
- A synthetic ligament is placed between the fibula and the talus and the remnants of the ligament are sutured to re-create the anterior talo-fibula ligament (ATFL).
- Any other injuries to the ankle seen on pre op MRI can be addressed at the same time.
- Often a camera is used to assess the ankle joint (arthroscopy).



Diagram illustrating the commonly associated ankle ligaments

THE HOSPITAL STAY

- You will wake up with bulky bandages and a moon boot.
- Your foot will be elevated overnight and you will have antibiotics through a drip (you may go home the same day if your surgery is in the morning).
- If you are safe to go home, you can elevate the foot at home on 2-3 pillows.
- Depending on your other medical conditions, you will either need aspirin or clexane injections to thin your blood for 4 weeks.
- You can touch your foot to the ground only for balance for 2 weeks and keeping it elevated as much as possible.

AT HOME

- You will need medications for pain relief; please take 2 panadol with meals and at night. The first night after you go home post surgery is often when the worst pain is experienced. Please take a stronger pain killer before you go to bed on the first night after surgery.
- You will need either aspirin or clexane for 4 weeks to prevent blood clots.
- Please leave all dressings intact until your appointment with Dr Graff.
- Dr Graff will see you at your post op appointment in 2-3 weeks where the wounds will be looked at and sutures removed.
- After this you will be able to shower normally and pat the dressings dry and remove the boot to sleep.

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REHABILITATION

*All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others

0-2 Weeks	 Touch weight bearing in a boot Keep elevated at other times You can put your foot down on the ground for balance if required Keep the boot on at all times like a plaster Pain relief: Please take regular Panadol with meals and before bed Please take asprin 150mg daily with a meal for 4 weeks until mobile or clexane injections
2-3 Weeks	 At the post op appointment with Dr Graff your dressings will be changed You can start walking in the boot You can remove the boot for showers and sleeping and range of motion exercises with physio You can start static strengthening and balance exercises with physio
4-6 Weeks	 You will transition from boot to a full time ankle brace You can start eccentric strengthening with physio and wobble board Cease asprin/clexane

You will transition from a full time ankle brace to an ankle brace for sport only

10- 12 Weeks

- You can ease back into sport.
 Start with jogging, then running, then training
- Once your ankle feels as strong as the normal ankle, you can return to sport (also guided by your physio)

WHEN CAN I RETURN TO WORK/SCHOOL?

- 3-4 weeks if seated work and you are able to drive (if you drive to work).
- 10-12 weeks if your job requires prolonged standing.
- 3-6 months if your job requires heavy labour.

WHEN CAN I DRIVE?

- 2-3 weeks if the surgery is on your left foot (after your appointment with Dr Graff).
- 4-6 weeks if the surgery is on your right foot (when you are no longer in the boot).

WHEN CAN I RETURN TO SPORT?

• 3 months but this is transition; start with walks, then running, then training. You can be guided by your physio as to when your strength and range of motion is back to normal to return to competitive sport.

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WHAT CAN GO WRONG?

- Anaesthetic problems
- Nerve injury
- Blood clots
- Infection
- Stiffness
- Recurrence of instability
- Ongoing pain
- Further surgery

Please see 'Ankle Instability' Information sheet via Dr Graff's website.

CONTACT

If you want more information, or have any questions or problems, please contact Dr Graff on admin@christygraff.com or please call the rooms on 0493 461 133