CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Lateral ligament reconstruction

Why this operation has been suggested

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, offers lateral ligament reconstruction when other treatments have not settled your ankle. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your ankle, and arrange imaging if it is needed to confirm the diagnosis.

This operation rebuilds the ligaments on the outside of your ankle that stop it giving way. It is usually offered to people with chronic ankle instability, which means symptoms lasting at least 6 months, including repeated sprains, pain, and a feeling that the ankle is unsteady during sport. We usually try non-operative care first, such as activity change and physiotherapy, and consider surgery when that has not given enough improvement. Surgery may also be suggested when symptoms continue after 3 to 6 months of these measures. The operation aims to give you a stable ankle, with less pain and better function. Results are good or very good in between 80 and 95% of cases.

Before the operation

In the weeks before surgery we confirm the plan with imaging. This may include an X-ray, an MRI scan (a scan that shows soft tissues such as ligaments), or an ultrasound. These pictures help us plan the operation and check for other problems inside the ankle, such as cartilage damage.

On the day of surgery, stop eating and drinking seven hours beforehand. We ask for seven hours rather than a shorter time so your operation can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to stop and when. Bring a written list of everything you take, wear loose, comfortable clothing, and arrange for someone to drive you home afterwards. If you have other medical conditions, you may also need blood tests or a review with the anaesthetist (the specialist who puts you to sleep).

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On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist, the specialist who puts you to sleep. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When the operation is finished, you wake up in the recovery area. Nurses stay with you while the anaesthetic wears off and check that you are comfortable. Once you are stable, you either move to a ward or go home the same day, depending on the procedure and how your recovery is going. Whoever is driving you home should be ready to collect you when the team says you are ready to leave.

What the operation involves

There are two main ways to rebuild the outside ligaments of your ankle. If your own ligament tissue is still in reasonable condition, your surgeon can tighten and reattach it. This is done through a curved cut over the outside of the ankle, usually angled forward towards the middle of your foot. The torn ligament is stitched back onto the small bone of the outer ankle (the fibula) using small anchors or stitches passed through tiny tunnels in the bone. Nearby tissue can be folded over the repair to reinforce it. Loose fragments of bone or small extra bones that are causing pain are removed at the same time.

If your ligament tissue is too worn or stretched to hold stitches, or if this is a repeat operation, your surgeon may instead rebuild the ligament using a piece of tendon. This tendon graft can come from your own body or from donor tissue. Small tunnels are drilled in the bones of your ankle and the graft is threaded through and fixed in place, copying the path of the original ligament.

Some repairs are done through keyhole surgery instead. The surgeon works through small cuts using a camera (an arthroscope) and can also check and treat damage inside the ankle joint at the same time, without opening the whole area up.

Whichever approach is used, the cut is closed with stitches and covered with a dressing. Your surgeon may also check the tendons that run behind the outer ankle bone and repair them if they are damaged, since problems there can occur alongside ligament injuries.

After the operation

When you wake up, you will be in the recovery area, and nurses will stay with you while the anaesthetic wears off. Your ankle will be wrapped in a dressing, and your team will manage any pain so you stay comfortable. You can usually put weight on your foot soon after surgery, though you may use crutches at first to help you move around safely. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

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Recovery

For the first few days your ankle will be sore and swollen. This is normal and settles gradually. Rest, keeping your foot raised, and the pain relief your team prescribes will ease the discomfort. The swelling comes and goes for a while, often worse after you have been on your feet.

You will start moving soon after surgery. Most people can put weight on the foot early, using crutches at first to get around safely. Your physiotherapist will guide you through exercises to restore movement and strength, building them up as your ankle allows. You will wear the dressing for about 10 days, and we will check the wound when we see you. At home, keep the dressing dry, take short walks as advised, and avoid twisting or rolling the ankle.

As the swelling settles and movement returns, everyday tasks become easier. You will progress from crutches to walking in your own time. Once your surgeon clears you to drive, you can return to the road; see our guide on driving after upper-limb surgery for the rules that apply. Sport comes back in stages, starting with straight-line activity and building to the twisting and turning your ankle used to do. Your physiotherapist will tell you when each stage is safe.

Everyone heals at a different pace, so your timeline may differ from others. Your surgeon and physiotherapist will guide you at each visit and adjust the plan as you progress.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Nerves near the outside of the ankle can be irritated during surgery. If this happens, you might notice numbness, tingling, burning or a sharp, electric feeling along the top or outer edge of your foot. Most nerve irritation settles on its own over weeks to months. Tell us at your next review if you notice any of these feelings.

The wound can sometimes cause trouble. Watch for redness that spreads out from the cut, fluid or pus leaking from it, or skin that looks dark or broken down. You might feel a deep, throbbing pain that does not ease with simple painkillers, or notice a fever. If you see any of these signs, call the clinic straight away. Some wound infections need antibiotics or a small procedure to drain them, so early review matters.

The stitches or small anchors used to hold the repair can occasionally rub or press under the skin. This feels like a tender spot, a lump, or a clicking sensation near one of the small scars. It is usually mild, but if it bothers you, bring it up at your next review. A simple procedure under local anaesthetic can remove the irritated part.

The repaired ligament can rarely tear again or stretch out. You would notice the ankle becoming unsteady again, with repeated rolling or spraining, swelling, and pain at the front of the ankle. If your ankle starts giving way again after a period of stability, contact the clinic so we can assess it.

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Some people notice stiffness after the operation. This feels like tightness when you bend your ankle up or turn your foot inwards, and it can limit how far the ankle moves. Physiotherapy usually helps. Mention it at your review if movement is not improving.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us straight away if you have a fever, or if the skin around your wound becomes more red, swollen or starts leaking fluid. Go to emergency if you have sudden severe pain, swelling in your calf, or shortness of breath. These can be signs of a blood clot. Also go to emergency if you lose feeling in your foot or cannot move it. For numbness, tingling or burning that comes on gradually, call the clinic so we can review you.

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