

Broström Lateral Ligament Reconstruction of the Ankle with Arthroscopy of the Ankle: a guide to your recovery *by Sam Singh*

This leaflet aims to answer your questions about having a broström lateral ligament reconstruction of ankle under the care of Mr Sam Singh. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

For more information please go to Mr Singh's Website:
<http://www.footandanklesurgeon.co.uk>

Why would you need a Broström Lateral Ligament Reconstruction Surgery?

If your ankle ligaments are badly damaged your ankle keeps going over on uneven surfaces. You will have tried physiotherapy to improve this but often the ankle is still loose.

What happens during a Broström Lateral Ligament Reconstruction Surgery?

Surgery is done under a general anaesthetic. A 4 – 6 cm incision is made near the ligaments on the outside of the ankle. The remnants of the ligaments are identified. They are taken off the bone, tightened and then pulled back onto the fibula bone using special threads that are drilled into the bone it is called as an "anatomical" procedure as we use your own tissues but tighten them to make them stronger. Other local sutures are also tightened.

In many cases you may also have an arthroscopy, a keyhole procedure to look and treat any other pathology in the ankle joint.

The wounds are closed and a temporary cast is applied in the operating theatre. At 2 weeks you may be in a brace, boot or cast depending on the severity of the damage to the ligaments and your ability to cope with the recovery.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself. In most cases you will have a general anaesthetic. You will be able to discuss this with the anaesthetist before surgery and they will identify the best method for your individual case.

The main surgical risks are listed below:

Numbness: The commonest problem is numbness over the top of the foot or outer toes. This is because the cuts are close to the nerves to these areas. The nerves are pushed aside and may get stretched during surgery. Numbness normally recovers within two months, but a small number of patients have a small patch of permanent numbness.

Infection: The cuts usually heal within two weeks, but may leak a small amount of fluid. In a very small number of cases (less than 5 in 100 patients), the wounds may become infected and need antibiotics.

Deep vein thrombosis: A clot in the leg, which can travel to the lungs, is a very rare but serious risk of ankle surgery. Measures are taken to reduce the chance of this happening.

Excessive tightness or instability: Sometimes the ankle can become too tight and sometimes the ligaments can stretch out with time. The latter is commoner in patients with hypermobility.

Are there any alternatives?

Managing the pain with other measures such as painkillers or living with the pain are alternatives. Sometimes a steroid injection can help. Sometimes an ankle support can help.

How can I prepare for Broström Lateral Ligament Reconstruction Surgery?

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case. You will need some time off work after the surgery. This will be at least 1-3 weeks but may be longer if you have a manual job. Mr Singh will discuss this with you. We advise you speak to your employer before surgery to make plans.

The Day of the Surgery:

Mr Singh will see you before your operation. The anaesthetist will also see you on the ward or in theatre, any queries about the anaesthesia are best discussed with him/her directly on the day.

Waiting for your operation:

Please note that you may not be the first patient on the operating list and therefore have a variable amount of time during which you will be waiting to go to theatre; how long will depend in your place on the list. If you are the last patient to be scheduled for surgery, it may be up to three or four hours; you should therefore come prepared for a wait. Some

reading material is provided by the day case unit but we appreciate a wait of several hours can be tedious; as such you may wish to bring a book, some work or other material to keep yourself occupied.

After your operation, prior to discharge:

Your foot will be heavily bandaged in a cast to protect it and reduce the swelling. The gauze bandage which is applied in theatre in a sterile environment will stay on for 2 weeks. There will be a plaster cast. The physiotherapist will issue you with crutches and a special surgical sandal to wear. If you already have either of these, please bring them with you. The crutches are usually needed. If you have had a nerve block for 24 hours you may be unable to move your toes. Do not panic, this is normal.

At London Bridge, Lister Hospital, Chelsfield Park or the Sloane Hospital you will be given a waterproof shower cap for your foot, for a charge. It will allow you to shower while keeping the wound and bandages clean and dry. If you wish to obtain one independently Mr Singh suggests the "SEAL-TIGHT cast and bandage protectors". You can source these and others through the internet or via Physiosupplies.com on (+441775 640972). You will need the half leg cover.

The hospital may bill for any incidentals such as the crutches, surgical shoe, shower cap and any medications.

You will be given medications to take home to control the pain. These will be a combination of strong and weak painkillers. A nurse will go through the medications with you, confirming how often and when to take them.

When you feel comfortable and ready you will be allowed to go home. You should have made arrangements to be picked up from the hospital and have someone staying with you at least overnight if you are a day case. As a day case patient, you can normally go home about 3-5 hours following surgery. As an overnight, patient you will be discharged around 10 am the next day.

Giving my consent (permission):

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form by Mr Singh. This states that you agree to have the treatment and you understand what it involves.

Will I feel any pain?

There will be some pain after the surgery. During your operation local anaesthetic may be injected around your nerve to reduce the pain after the operation. You will be given medicines to take home to control the pain. The nurse will go through the medicines with

you, including how often and when to take them. There will be a combination of strong and weak painkillers.

It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the tablets.

As you will not be very mobile for the first 2 weeks we sometimes prescribe blood thinners. If your pain does not settle, you can contact Mr Singh.

What do I need to do after I go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If Mr Singh gives you different advice, then you should follow that.

Days 1 - 7 after surgery:

The local anaesthetic in the joint will start to wear off the day after surgery, so you will need to start taking painkillers. You should keep the ankle elevated when not walking or exercising for the first week after the operation. Whenever the foot is put down, it will swell and become sore. It is normal to see mild bruising. By the end of this week the post-operative pain should be significantly reduced.

Days 8 - 14 after surgery:

Continue to elevate your foot and ankle as much as possible. You may walk short distances within your home or to a car from this week. In week two you can start working from home and possibly return to work but you must try and keep the ankle elevated. If you have a heavy manual job it may be 6 weeks before you can return to work.

If surgery was on your left ankle and you have an automatic car you can start driving after 2 weeks. This time will be longer if surgery was on your right ankle or you have a manual car.

The Drivers Vehicle Licensing Agency (DVLA) regards it as your responsibility to judge when you can safely control a car. You should contact your doctor or the DVLA if you are concerned about this. Motor insurance companies vary in their policies, it is best to discuss your circumstances with your insurance company to be sure that you are covered

You will be seen approximately two weeks after your operation in the outpatient clinic. This appointment will be made for you. At this time the wounds will be checked and any stitches removed. The findings during surgery may be explained and any further treatment plans discussed. You may be put into a brace, boot or cast.

Week 4 after surgery:

If you own an ankle brace bring it with you. We may move you into this. Mr Singh will refer you for physiotherapy to help you strengthen the muscles around the ankle and improve your balance.

For short haul flights you will be able to fly after 2 ½ weeks. For long haul it is 6 weeks. We do make exceptions if your home is abroad.

You will find your mobility will improve over the next few weeks. There is no real merit in walking long distances.

When you return to work, travelling outside of the rush hour is a good way of phasing back into work. The first few days are always slightly miserable as you are not able to keep the foot up as easily in the office.

Low impact gym work such as the exercise bike and cross trainer can be started. Driving is fine but check with your insurance.

3 - 6 months after surgery

Your foot and ankle may continue to be swollen for up to three months following this surgery.

Return to sporting activities will depend on the damage to your ankle which caused you to need surgery in the first place, and on any other treatment performed during the operation. You will need to gradually increase your activity levels when you begin sport again. It may take several months to return to your normal sporting activity level.

What should I do if I have a problem?

If you experience any of the following symptoms, please contact Mr Singh, the ward or your GP:

- increasing pain in your foot/ankle
- fever (temperature higher than 38°C)
- blister-like pain or rubbing under the cast
- If you suspect you have DVT (deep vein thrombosis) – symptoms include pain and/or burning in the back of your lower leg if your cast is on your lower limb. You may also feel unwell and have a temperature.

If, at any time in your post-operative recovery, there is any sign whatsoever of infection, either suspected by you or diagnosed by your GP, please contact your consultant's secretary at the hospital or the ward.

Contact details:

If you have any questions or concerns about your surgery; please contact the following:

Your consultants' secretaries on:

Lorna: 020 7234 2167 (Mon-Fri, 9am-5pm)

Elia: 020 3637 2501 (Mon-Fri, 8am-4pm)

The London Bridge Hospital (2nd Floor, Orthopaedic Ward – open 24 hrs/day) on:

(North Side) - 0207 234 2271

(South Side) - 0207 234 2262

The Lister Hospital Orthopaedic (Orthopaedic Ward Level 5 – ask for the Duty Sister) on:

020 7730 7733

The Chelsfield Park Hospital (the orthopaedic ward) on:

01689 877 855

The Sloane Park Hospital (the orthopaedic ward) on:

0208 466 4000 and ask for the Ward.

If you experience an emergency you must go to your local accident and emergency department (A&E)

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