

Ankle Ligament Reconstruction

WHAT TO EXPECT BEFORE DURING AND AFTER SURGERY

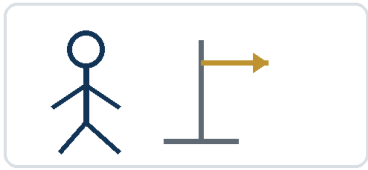
This guide explains the usual surgical journey after a decision to proceed with ankle ligament reconstruction. The precise operation and recovery plan depend on the ligaments involved, tissue quality, ankle alignment and any additional arthroscopic procedure.



BEFORE SURGERY



DURING SURGERY



AFTER SURGERY

WHY SURGERY MAY BE RECOMMENDED

The lateral ankle ligaments help prevent the ankle repeatedly rolling or giving way. Reconstruction may be considered when instability, recurrent sprains or pain continue despite appropriate rehabilitation and bracing. The aim is to restore stability and confidence while protecting the ankle from further injury.

PREPARING FOR SURGERY

- Reduce swelling and maintain comfortable ankle movement and leg strength.
- Tell the team about medicines, supplements, allergies, smoking and medical conditions.
- Follow the hospital's fasting and medication instructions.
- Arrange transport, help at home and a safe route for crutches or a knee scooter.
- Prepare for a period of restricted weight bearing and keep the skin around the ankle healthy.

WHAT HAPPENS DURING SURGERY

- The operation is performed under anaesthesia, often with ankle arthroscopy to assess or treat the joint.
- The damaged lateral ligaments are tightened and reattached to bone, commonly with small anchors.
- If the tissue is unsuitable, a tendon graft or additional reinforcement may be required.
- Associated cartilage injury, scar tissue or impingement may be treated during the same operation.
- Most patients leave hospital the same day or after an overnight stay.

YOUR EXPECTED RECOVERY

FIRST 2 WEEKS	The ankle is usually protected in a splint or cast. Elevate frequently, keep the dressing dry and use crutches. Weight-bearing instructions vary and must be followed exactly.
2 TO 6 WEEKS	A boot or cast may be used. Protected weight bearing and gentle movement begin when authorised. Avoid movements that stress the repaired ligaments.
6 TO 12 WEEKS	Progress into a supportive shoe or brace when cleared. Physiotherapy develops movement, strength, balance and walking control.
3 TO 6 MONTHS OR LONGER	Running, jumping and change-of-direction work are introduced only after clinical milestones. Return to pivoting sport commonly requires several months.

COMMON RISKS TO UNDERSTAND

Infection, blood clots, wound problems, stiffness, nerve irritation or numbness, persistent pain, recurrent instability, over-tightening and anchor or graft problems are recognised risks.

SEEK URGENT MEDICAL ADVICE FOR

Fever or wound discharge; increasing redness or uncontrolled pain; new calf swelling or pain; chest pain or breathlessness; loss of sensation, discoloured toes, a wet cast or a significant new injury.

Important: This general information does not replace your consultation, consent discussion or individual surgical instructions. Your surgeon's directions take priority.

EVIDENCE BASE

FootCareMD, American Orthopaedic Foot & Ankle Society. Lateral Ankle Ligament Reconstruction. • BOFAS Hyperbook. Chronic Ankle Instability. • Vuurberg G et al. Diagnosis, treatment and prevention of ankle sprains: evidence-based clinical guideline. Br J Sports Med. 2018;52:956.

