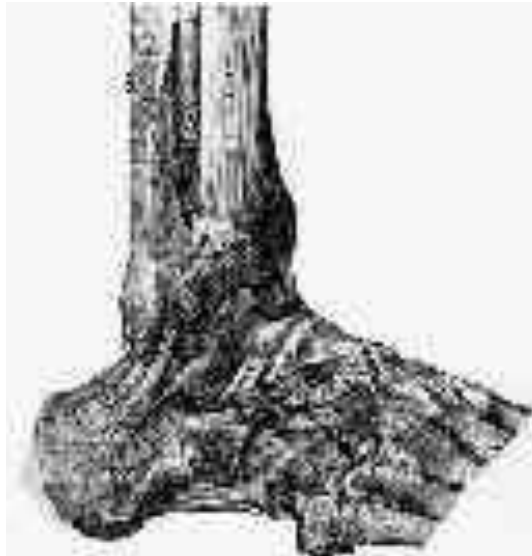


Patient Information

Ankle Ligament Reconstruction (Brostrom Operation)



Orthopaedic and Fracture Clinics

What is it?

The Brostrom operation is a repair of damaged ligaments on the outer ("lateral") side of the ankle.

Why would it be done?

If you have torn the ligaments on the lateral side of your ankle and the ankle keeps giving way on you, you would normally be prescribed a course of physiotherapy to settle down inflammation in your ankle, strengthen the muscles on the outside of your ankle (peroneal muscles) to help control the joint better and 'wobble-board' exercises to re-teach the nerve endings inside the ankle to work better.

If the physiotherapy does not improve your ankle, we would then arrange a 'stress X-ray' to confirm that your ankle is truly unstable and possibly an MRI scan to check there is nothing else the matter with the ankle. If you continue to have problems, you would have the choice between wearing a lightweight brace on the ankle while doing



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the things that cause your ankle to give way, or having an operation to repair the damage.

If you have very lax or stretchy ligaments, the ligament repair can be augmented with suture material. Otherwise we would recommend a simple repair of the ligament, which can even be done many years after the original injury. This is the Brostrom operation.

What does it involve?

A cut is made over the outer side of the ankle. The remains of the ligament are found. Small grooves are made in the bone on the outer side of the ankle (the "lateral malleolus"). Small anchors are placed in the bone and stitches attached to these anchors are used to fasten the ligaments back in place. The tissues on the outer side of the ankle are then stitched to the ligament to support it. The skin is closed, usually with a dissolving stitch buried under the skin. A plaster is applied to the leg.

Occasionally the ligament is so badly damaged, or the ends are so scarred, that it cannot be repaired. In that case, the ligament would be replaced with a piece of tendon from the outside of your ankle. The tendon used is the "peroneus brevis" which runs down the back of the ankle on the outer side and over the outer side of the heel, helping to pull the foot upwards and out.

Only half the tendon is used - the other half is left attached and can do the work of the whole tendon. The cut for this is longer and a second cut may be needed higher up the leg to get the tendon free. The free piece of tendon is attached to the bone with stitches tied through small screws in the bones where your ligaments normally run. The skin is closed, usually with a dissolving stitch buried under the skin. A plaster is applied to the leg.

Can it be done as a day case operation?

If you are otherwise fit, and there is someone who can collect you afterwards and stay with you overnight, the operation can be done as a day case. This means that you are admitted to hospital, operated on and discharged home on the same day

Will I have to go to sleep (general anaesthetic)?

The operation can be done under general anaesthetic (asleep). Alternatively, an injection in the back can be done to make the ankle numb while the patient remains awake. Some Anaesthetists may offer you a regional block where the leg is numbed from the knee down. You can choose to have sedation to sleep through the operation.

You will be given pain-killing tablets as required after the operation.



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Will I have a plaster on afterwards?

A plaster cast from your toes to just below your knee will be applied while you are asleep. This will stay on for two weeks. You should only be up on your feet for 5-10 minutes per hour in the first two weeks after surgery to minimise swelling.

What will happen afterwards?

You can go home when comfortable and safe. You will be seen in the clinic two weeks after your operation. The plaster will be removed and the ankle examined. If your ankle is healing well, you will be given a lightweight ankle brace to wear. You can walk with your full weight on this. Physiotherapy will be arranged to start getting your ankle going again. You will wear the brace for eight weeks.

You will go through another full course of physiotherapy to make your ankle strong and flexible, to get back peroneal muscle strength and to retrain the fine nerve endings in your ankle to give the right signals to the muscles around them. This will last for several months.

How soon can I

Walk on the foot?

You can walk fully on the foot as soon as it comes out of plaster, wearing your ankle brace.

Go back to work?

If your ankle is comfortable, you can work in a plaster and sit with your foot up most of the time (basically in a desk job), you could go back to work within a few days of surgery. On the other hand, if you do a heavy manual job you may need two or three months off work. How long you are off will depend on where your job fits between these two extremes.

Drive?

If you have your left foot operated on and have an automatic car you can drive within a few days of the operation, when your foot is comfortable enough. Otherwise you will have to wait until the ankle is strong and flexible enough to work the pedals, especially in an emergency situation. This will probably not be for six to eight weeks after surgery.

When you return to driving you need to take it gradually at first and drive only short distances. Also remember that if you drive before you can stop or manoeuvre in an emergency your insurance will not cover you in the event of an accident

Play sport?

Once you are into your ankle brace you can gradually increase your level of activity under the guidance of your physiotherapist. Once you can walk comfortably you can start running, swimming and cycling, increasing the distance covered gradually.

Once you can run comfortably you can do some turning and jumping. As this recovers you can go back to low-impact, non-contact sports and finally to full contact



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sports. It is common to take six to eight months to return to sports such as football or rugby.

What can go wrong?

The repair may be:

- too tight: the ankle feels stiff and may not recover flexibility. Over a period of some years the ankle may develop aching pain and in some cases arthritis
- too loose: the ankle still feels lax and gives way. Most people still find it to be much better than before but a few (about 5%) need to be re-operated on

With the Brostrom procedure it is commoner to be too loose than too tight.

The ankle may continue to give way even with a good repair which is not loose. This is because the small nerve endings in the ankle are not working well, the peroneal muscles have not recovered their strength or the Achilles tendon is tight. Physiotherapy usually improves this, but a few people keep wearing an ankle brace. In a few cases the wound is slow to heal or develops a minor infection. This usually settles with dressings and/or antibiotics.

The nerves to the top and outer side of the foot run close to the ankle where the operation is done. In about 10% of people they are stretched or small nerve branches are cut. This produces a numb, sometimes tingling, occasionally painful area over the top or outer side of the foot. In many people this gets better over six to eight weeks, but in about 50% of those affected it does not get better.

There is a small risk of developing a deep venous thrombosis (clots in the veins of the leg) after this type of surgery. We will assess if your individual risk is high enough for you to need blood-thinning (heparin) injections while you are in plaster.

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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