

## Ankle Ligament Injuries

### What Is The Problem?

The ankle joint is a hinged joint and allows up and down movements. Either side of the ankle joint are strong ligaments. These give the joint stability. There is a ligament on the inside (deltoid ligament) and a ligament on the outside of the ankle joint (lateral ligament). The lateral ligament is more commonly injured with ankle sprains.

An MRI scan may be requested to confirm the diagnosis and assess the severity. It can also diagnose damage to nearby joints and tendons.

### Do I Need To Have Treatment?

For the majority of people, the symptoms of an ankle sprain usually settle with self-care. Patient with persistent symptoms beyond a year may need treatment.

### What Are The Treatment Choices?

#### Self-care

The first line of treatment is to rest and take the weight off your injured leg for a day or two. Ice packs may help to relieve the pain and reduce the swelling. Make an ice pack by wrapping ice cubes or a bag of frozen peas in a towel and apply the ice pack for 10 to 30 minutes. Do not apply ice directly to the skin as it may damage the skin. A compression stocking or strapping may help to reduce swelling and support the ankle. Elevating your leg will also help reduce the swelling. Gentle exercises to your ankle are recommended when comfort allows.

#### Non-Operative

Following a severe sprain or if symptoms persist physiotherapy usually helps to improve your symptoms. Exercises concentrate on strengthening the ankle muscles and also on improving ankle balance.

Insoles supporting your foot or an ankle brace supporting your ankle may help your symptoms.

#### Operative

If the non-operative treatments do not help then surgery maybe an option. Occasionally the lateral ligament may fail to heal properly resulting in weakness and ankle instability. Damage to surrounding joints or tendons may cause persistent pain and swelling. The surgical treatment depends on the severity of the lateral ligament injury and damage to surrounding structures.

The aim of surgery is to reduce your pain, reduce instability and improve your function.

There are two types of surgery for the lateral ligament complex injuries. One involves tightening up the ligaments and re-attaching them. The other involves using a nearby tendon to replace the ligaments.

This surgery is usually done under general anaesthetic. You may be able to go home that day or may require an overnight stay in the hospital. These decisions depend on your health and social situation. A decision will be made with you.

After the surgery your leg will usually be in a below knee cast or boot for approximately 6 weeks depending on the severity of ligament damage. It is important to keep your foot elevated. This reduces the swelling and helps the wound heal. You will be seen at approximately two weeks to have the wound reviewed. When you come out of your cast or splint physiotherapy may be arranged.

It takes six months for the ligaments to heal and usually a year to recover from the surgery. Light exercise (jogging) may start at 4 months. Contact sports (squash, football) may start at 6 months.

### **Are There Complications?**

With any surgical procedure there is a chance of a complication. Every effort is made to minimise the possibility. The complications include:

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| <b>Long term pain</b>            | There is a risk of persisting pain or worsening ankle pain.   |
| <b>Instability</b>               | There is a risk of continued instability.   |
| <b>Infection/Wound Breakdown</b> | Infections may settle with antibiotics but if serious surgery may be required. Smoking and diabetes increases your risk.  |
| <b>Swelling</b>                  | Most swelling resolves but some may have permanent swelling.  |
| <b>Scar pain:</b>                | A scar can be painful and sensitive. When the wound has healed and is dry, gentle massage with a moisturiser helps.   |
| <b>Numbness or Tingling</b>      | Usually this resolves but it may be permanent.  |
| <b>Blood clots</b>               | The risk of a blood clot in your calf (deep vein thrombosis) or lungs (pulmonary embolus) is rare after this surgery. Please inform the team if you have had one of these previously as this increases your risk. |