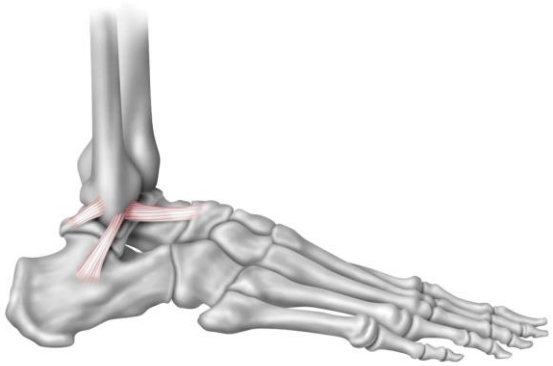
Ankle Instability

Ankle sprains are one of the most common sporting injuries. Most of the time the injury recovers with suitable rest and physiotherapy. Ankle instability occurs when the ankle repeatedly gives way during sporting or daily activities or when the initial injury is more severe. This leads to recurrent ankle instability, joint pain, swelling and more damage. Recurrent instability episodes can cause injury to the joint surface cartilage and the formation of bony spurs and arthritis.



Non Operative Management

The first line of treatment for ankle sprains is rest, ice, compression, elevation with painkillers and anti-inflammatories (if tolerated). Physiotherapy is then useful to regain range of movement, strength, balance and joint position sense (proprioception). An ankle brace may be useful for people who have tried all these measures and experience ongoing problems with sporting or daily activities. Finally, a targeted corticosteroid injection may offer relief from ankle inflammation and help settle symptoms so that physiotherapy can continue.

Operative Management

When all these non-operative measures fail, and recurrent ankle instability becomes an ongoing problem, surgery is indicated. The ankle ligaments are assessed clinically and an MRI scan may be necessary to identify any problems within the ankle joint itself or the tendons and ligaments around the joint.

Surgery usually entails an assessment and clean out of the ankle joint done through small incision and with the assistance of an arthroscope and a longer incision over the outside of the ankle and repair of the ligaments with suture material or bony anchors and reinforced with overlying tissue. If indicated, the tendons behind the ankle are inspected and repaired. Occasionally a synthetic ligament augment is also required if tissues are stretched or poor quality. At the end of the operation a plaster is applied to immobilise the ankle and protect the reconstruction and wounds.

Post-Operative Recovery

As with all reconstructive surgery your rehabilitation and postoperative physiotherapy regime forms a vital part of your recovery from surgery and return to normal activities. The first 2 weeks are dedicated to reducing the swelling with elevation of the foot and mobilising non-weight bearing with crutches to allow the wounds to heal. You will then be allowed to wear a lace up ankle brace and gradually increase your weight bearing status and work on range of motion.

The brace is to be worn for all sporting activities and you should be able to return to sport 3-6

months after surgery. The ankle may always be a bit stiffer than the normal side, with a slight reduction in range of motion not uncommon, but this is rarely a significant problem.

Risks & Complications

No surgery is completely risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots, nerve injury and anaesthetic problems and measures are taken to reduce these. There is approximately a 5% chance of experiencing problems with recurrent instability and this is usually due to a fresh injury or sprain. A good outcome is achieved in more than 90% of cases. Recovery times and swelling also vary.

Recovery Times

Hospital stay	Day only
Rest & elevation	2 weeks
Plaster = crutches *(non-weight bearing)*	2 weeks
Lace-up brace (full time)	6 weeks
Lace-up brace	12 weeks
Time off work	
– Seated	2-3 weeks
– Standing	6 weeks

This brochure is a brief overview of the surgical management of ankle instability and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.