

Surgery for Chronic Lateral Ankle Instability



For many people with chronic ankle instability, surgery is an appropriate option because of the degree of their ankle instability or their lack of response to non-surgical approaches. The goal of surgery is to create greater stability of the ankle and reduce pain.

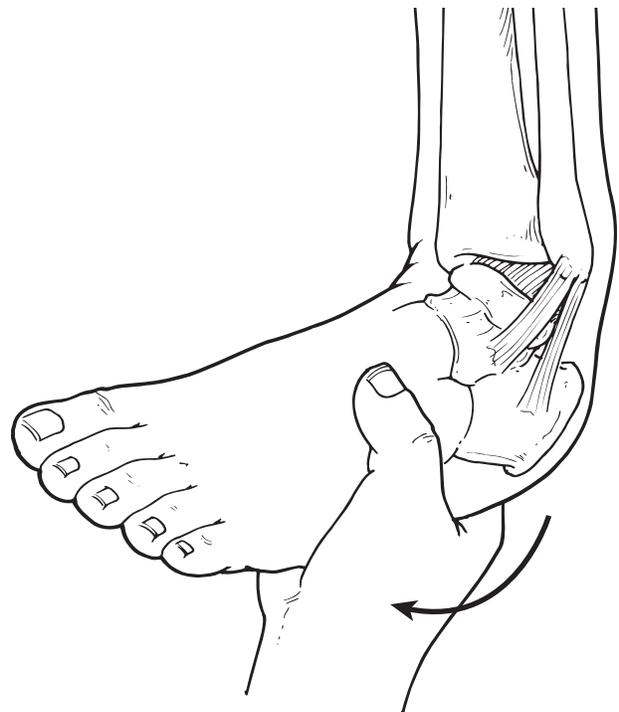
Various types of surgical procedures are available to treat ankle instability, and sometimes a combination of techniques is used. In selecting the surgical approach, your surgeon has taken into consideration the extent of your ankle instability, your age, your activity level, and other factors. Three general types of procedures, which may be modified somewhat by your surgeon to address your needs, are described below.

Primary Ligament Reconstruction

The primary ligament repair is suitable for selected patients who have one or more ligaments in the ankle joint that are either stretched or ruptured (torn).

After making an incision on the outside of the ankle to gain access to the joint and ligaments, the surgeon:

- Inspects the joint capsule and the ligaments that are stretched or torn
- Repairs the damaged or torn ligament to restore stability
- Pulls the ends together into an overlapping position to restore the strength of the ligament
- Covers the repaired ligament with a dense band of connective tissue (the extensor retinaculum) to reinforce the ligament
- Evaluates the range of motion of the ankle to ensure that it moves properly
- Closes the incision with stitches and applies a sterile bandage
- Immobilizes the ankle with a cast or splint



Surgery for Chronic Lateral Ankle Instability *continued*



Secondary Ligament Repair

A tendon transfer is suitable as a first-line surgical approach for selected patients or as a second option for patients whose ankle instability has returned. Some tendon transfers use the patient's own tendon, whereas others use a cadaver tendon.

After making an incision above the ankle on the outside of the foot to gain access to the joint and tendons, the surgeon:

- Identifies and cuts the weakened or damaged tendon high above the ankle level
- Reattaches the upper portion of the tendon by passing it through "tunnels" drilled in the ankle bone, creating a tightened tendon
- Stitches the other piece of the cut tendon to an adjacent tendon
- Evaluates the range of motion of the ankle to ensure that it moves properly
- Closes the incision with stitches and applies a sterile bandage
- Immobilizes the ankle with a cast or splint

Peroneal Tendon Repair

This procedure is undertaken to repair one or both peroneal tendons that are torn, damaged or weakened.

After making an incision on the outside of the ankle to gain access to the joint and peroneal tendons, the surgeon:

- Inspects the peroneal retinaculum, peroneal tendons and fibula

- Cleans out the damaged tissue
- Repairs the tear in the tendon by stitching together the torn parts
- If the tendon has become damaged, a procedure is performed to restore the tendon to its normal, rounded shape
- Evaluates the range of motion of the ankle to ensure that it moves properly
- Closes the incision with stitches and applies a sterile bandage
- Immobilizes the ankle with a cast or splint

Recovery

Recovery from these procedures generally takes about 6 to 12 weeks. During a portion of this period, weight bearing may not be permitted. ■

Notes:

