

## ANKLE INSTABILITY

**Information:** Ankle instability may be treated with surgery. Ankle instability is due to chronic loosening of the ligaments on the outside and possibly inside of your ankle. After an ankle sprain or injury, these ligaments may heal in an elongated position. If you decide to have surgery, then the ligament(s) will be tightened. This is done by peeling off the torn ligament(s) from the bone and then re-tightening the ligament(s). Patients may have other conditions (cartilage injury, deformity, tendon injury, etc.) that may be fixed at the same time. Arthroscopy of the ankle may be required. Risks of surgery include, but are not limited to, infection, wound healing issues, scar, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, implant problems, need for implant removal, recurrence, other deformity, need for future surgery, blood clots and/or pulmonary emboli, and perhaps a condition you may feel is worse or not much better from your preoperative status. If it is your right ankle, most patients cannot drive for 4 – 8 weeks after surgery.

**On the Day of Surgery:** The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

**After Surgery:** I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a splint. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

### Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is <i>EXTREMELY</i> important during this period.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture/staple removal. Placement of a tall CAM boot. Maintain non-weightbearing for a total of 3 weeks.
3 Weeks	Begin touchdown weightbearing (25% of your body weight) with crutches with progression to full weightbearing over the 1 – 2 weeks. Physical therapy will begin and lasts 6 – 12 weeks.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

<b>6 Weeks</b>	Follow-up appointment with Dr. Boden to monitor progress. At this point, you should be fully weightbearing in the CAM boot. You may transition out of the CAM boot and wear comfortable shoes with a supportive ankle brace.
<b>6 – 12 Weeks</b>	Progression to running in a straight line on even ground in the ankle brace.
<b>3 Months</b>	Follow-up appointment with Dr. Boden to monitor progress. You should be able to jog in a straight line on even ground with the ankle brace.
<b>4 – 5 Months</b>	You are allowed to begin to perform cutting activities in the ankle brace. You will begin to feel that this is “behind you” and although you are not fully normal/healed, you should be doing quite well. Swelling is the last issue to resolve and can be 6 – 12 months for any ankle surgery.
<b>6 Months</b>	If there are no issues, this is your final follow-up appointment with Dr. Boden. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>

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