3. I have heard that ankle sprains cause a tear in a ligament – doesn't this need to be repaired?

Ankle sprains do cause a tear or stretch of the lateral collateral ligaments in the ankle. However, the majority of patients will improve with RICE treatment and, if necessary, physiotherapy. Surgery is usually reserved for patients with chronic pain or recurrent sprains and feelings of instability.

4. What kinds of tests are necessary to diagnose and assess my ankle pain/ instability?

Usually, a plain x ray will be done to assess bony injuries. MRI scans can be helpful especially in helping to diagnose and pinpoint causes of pain in the foot and ankle. This is because the foot has many bones, ligaments, tendons and muscles, all of which need to be carefully assessed.

5. I am going for ankle ligament reconstruction. What is the rehabilitation protocol like after surgery?

After surgery, the ankle will need to be placed in a splint or cast. Typically, this is kept on for about one month. Crutches will need to be used. After one month, the cast is removed and walking can start. The ankle will usually feel quite stiff at this time. Physiotherapy is essential to maximize the benefits of surgery. A progressive programme of regaining motion, strength, balance and agility is prescribed. Most patients will take at least 3 months before returning to 'normal' sports.

6. What about arthroscopic surgery? What is the recovery time after this?

The rehabilitation protocol after ankle arthroscopy is more variable, and depends on the diagnosis and treatment done. In the most straightforward cases, you will actually be able to bear weight on the leg the same day, and full recovery within a month. In more complex cases, recovery will be similar to that for ankle ligament reconstruction.

A full assesment by our specialists is recommended before any treatment.

For inquiries or appointments, please contact

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Ankle Arthroscopy and Treatment of Ankle Instability

Orthopaedics International
a subsidiary of SGH

Ankle Sprains

are common injuries that usually recover without problem. Rest, ice, compression and elevation for a few days, followed by a gradual return to activity, will usually be sufficient.

If pain is severe and walking is very difficult, early assessment by a medical practitioner may be warranted to rule out serious injuries like fractures or tendon ruptures.

First time injuries may take as long as two months before function returns to normal. Recovery can often be hastened by a supervised training programme working with a physiotherapist or trainer.

Occasionally however, problems remain. The commonest complaints are of persistent pain, and instability. These may range from difficulties with sports, to pain or instability even when walking.

ASSESSMENT

A careful history and thorough physical examination is the most important part of assesment. This often includes an inspection of shoes and footwear, which give a clue to possible problems and abnormalities in gait.

For athletes, an understanding of training and competiton schedules is important when formulating a treatment plan.

Often, x-rays will be done as a basic level of assessment. Occasionally, more detailed examinations such as ultrasound or MRI scans will be helpful.

In situations where diagnosis is difficult, diagnostic injections can be helpful.

PROBLEMS

Instability

Most commonly, persistent instability is due to the tear or stretching out of the lateral ligaments of the ankle. Other causes of instability include:

- Dislocation or subluxation of the peroneal tendons, muscle weakness or nerve injury;
- Pain from a structure in the ankle that inhibits the muscles that support the ankle or
- Deformities of the foot or ankle.

Pain

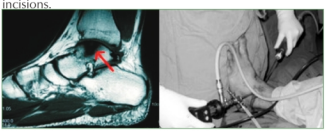
- Osteochondral fractures or bruises of the talus
- Early ankle arthritis or loose bodies
- Synovitis
- Tears of peroneal tendons
- Injuries to the syndesmosis
- Sinus Tarsi

TREATMENT OPTIONS

SURGICAL TREATMENT

1. Treatment of Pain

Many of the causes of ankle pain can be treated by an arthroscopic or 'keyhole' surgery technique. In this case, an arthroscope is inserted into the ankle joint through small incisions.



In this case, the MRI scan above demostrated an osteochondral lesion (damage to the bone and cartilage) in the talus bone. This can be a source of a chronic dull ache deep within the bone, that is often aggravated by activity.

This picture shows the damaged cartilage being 'probed'. Treatment may include removal of the unhealthy cartilage and 'microfracture' to stimulate new cartilage growth.

Larger osteochondral lesions can be repaired with bone-cartilage or artificial transplants and even cartilage cell culture and repair.

2. Treatment of Instability

Most cases of instability can be traced back to a tear or 'stretching out' of the lateral ankle ligaments. These ligaments can be repaired using a small incision. The ligaments are stitched back together in the proper position.

Immediately after surgery the foot has to be placed in a cast for about 4 weeks. After that, another two or three months of therapy will ensure the maximal benefit of the surgery and allow return to sports.

FAQs

1. I have just sprained my ankle. Do I need surgery?

Ankle sprains are common sporting injuries. Although it is often associated with injury to the collateral ligaments of the ankle, surgery is not usually necessary in the majority of cases. The acute treatment should consist of RICE therapy (Rest, Ice, Compression and Elevation) for the first 48 hours or so, followed by one to two weeks of gradual return to activity. An ankle brace or ankle guard may be helpful in this phase of recovery.

2. When should I consult my doctor about my ankle injury?

Sometimes, other injuries may occur around the ankle which need more careful assessment. Some signs which are suggestive of more serious injury include:-

a. Inability to bear weight.
b. Inability to push-off or tip-toe.
c. Tenderness over the bony prominences at the side of the ankle (the medial and lateral malleoli)
d. Tenderness in the foot.

If in doubt, see your doctor for a more thorough assessment.