

## LATERAL ANKLE LIGAMENT RECONSTRUCTION



### Overview

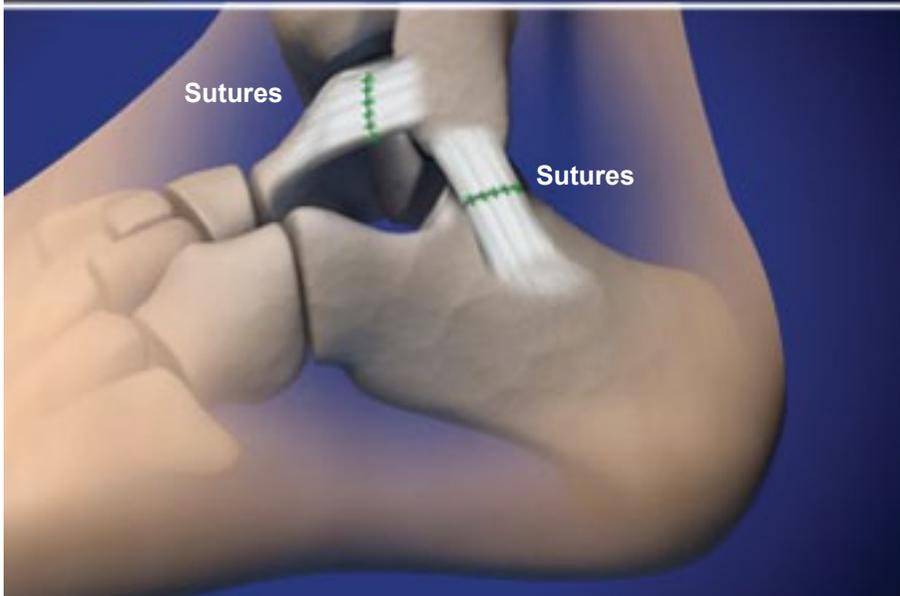
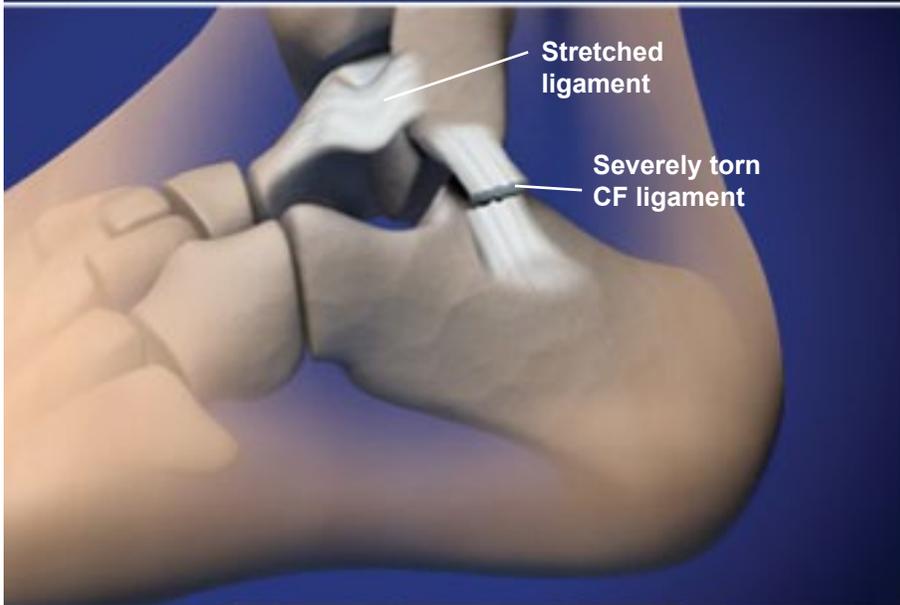
This procedure is performed to correct chronic ankle instability that has not responded to treatment such as physical therapy. Ankle instability occurs when ligaments are stretched or torn. A simple repair, known as the Bröstrom-Gould technique, is ideal for athletes who need to retain full range of motion.

### Incision

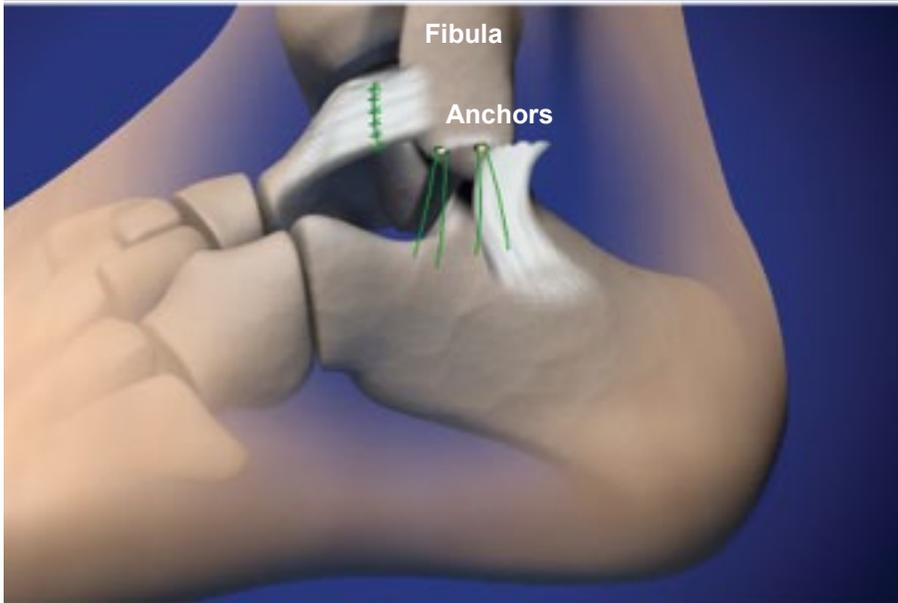
A small incision is made along the outside of the ankle. The injured lateral ligament (or ligaments) are identified. This example shows a stretched anterior talofibular (ATF) and a torn calcaneofibular (CF) ligament.

### Repairing Stretched or Torn Ligaments

If a ligament was stretched but not torn, it is cut and shortened, then the two ends are sutured together. If a ligament is torn but still attached to the fibula, the ends are repaired and sewn together.



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### Reattaching Severely Torn Ligaments

If a ligament was pulled away from the fibula, it must be reattached. Sutures can attach the ends of the ligament to a small hole drilled in the fibula. Sutures may also be attached to special anchors.

### Stabilizing the Joint

The extensor retinaculum, a band of tissue that crosses the front of the ankle joint, is used to reinforce the repair. A portion of it is pulled over the repair and sutured to the fibula. This also helps to limit inversion of the ankle and correct instability within the subtalar ankle joint.

### End of Procedure/After Care

The incision is closed with a dissolving stitch under the skin and Steri-strips on top of the skin. Plaster splints are applied until the swelling has subsided. After a few days, a short leg walking cast is applied for 3 to 4 weeks, followed by physical therapy. Full activities can usually be resumed after 10 to 12 weeks.