



POST-OPERATIVE PATIENT INFORMATION: ANKLE RECONSTRUCTION

An ankle reconstruction is a relatively common procedure where the ligaments on the inside of the ankle are repaired and reinforced. They are usually attached back to the fibula using bone anchors. The repair needs to be reinforced to prevent them from re-tearing.

If you have concerns during business hours, please contact South East Orthopaedic Surgery on 0484 739 550 or via email admin@southeastortho.com.au Please note voice mail messages and emails will be replied to by the next business day. If you have concerns outside of business hours, please contact the switchboard at Frankston Private Hospital on (03) 8796 1300. If you have having a limb or life threatening emergency, please dial 000 or present to the Frankston Public Hospital Emergency department.

WOUND MANAGEMENT

For any surgery wound management is important. Due to the proximity of the foot and ankle to the heart and great vessels, and potential issues with blood supply, wound management following foot and ankle surgery is critical. Please keep your dressings intact until review by your GP or surgeon, unless directed otherwise. You will need to keep the wounds dry by wrapping a plastic garbage or kitchen bag sealed with tape and an elastic bag during showers or bath. If you have excessive wound ooze through the dressings please contact the surgery to arrange the dressings to be changed. If you are concerned about the amount of wound ooze please contact the surgery as above, or present to Frankston Public Hospital Emergency department. If possible, please don't commence antibiotics without discussing the situation with your surgeon.

SWELLING

Some swelling following surgery is normal and may persist for months afterwards. Keep your foot elevated as much as possible, even if you are allowed to weight bear. We suggest icing the area (if practicable) for 20 minutes five times a day for the first week to help reduce inflammation.

WEIGHT BEARING

You need to be non weight bearing while the wound heals. This is normally for a period of two weeks.

You will see your surgeon two weeks following surgery for removal of sutures. Provided the wound has healed, you will be able to commence weight bearing in an ankle brace which we will supply following your surgery.

DRIVING

Unless instructed, you are unable to drive for a minimum of two weeks following surgery.

POST-OPERATIVE APPOINTMENT

Please contact the rooms via 0484 739 550 or admin@southeastortho.com.au to make a post-operative wound review appointment approximately two weeks following your surgery. You will be fitted with an ankle brace at this appointment – please bring your own if you already have one at home. If you have travelled a significant distance and would prefer to see your GP for removal of sutures, this can be arranged. You will likely need to pay a consultation fee to your GP.

PHYSIOTHERAPY

You will commence a post-operative physiotherapy regime around two weeks post-operatively. A more detailed physiotherapy program will be given to you at your two week wound check. Until then you will be in a cast.

From two weeks, you can commence range of motion exercises but avoiding inversion (rolling your ankle inwards) to protect the repair. Your physiotherapist will go over instructions in more detail.

You can commence swimming with a pool buoy (ie no kicking) once the wounds have healed.

SMOKING CESSATION

It is important you smoke as little as possible (ideally not at all) to minimize wound problems and reduce risk of infection following your

surgery.

NUMBNESS

It is normal to have some sensation changes around the toes as the swelling can create an odd sensation. As the swelling resolves, the numb sensation usually subsides.

PAIN

Some post-operative pain is normal following surgery. Your surgeon and anaesthetist work together to make you as comfortable as possible on the ward and then when you are discharged home. If you have severe, unrelenting or escalating pain that is not relieved by pain-killers please contact your surgeon, GP or emergency department.

DVT PROPHYLAXIS

Patients who are low-risk for a DVT are usually prescribed aspirin 150mg daily for the two week period they are non-weight bearing.

EMERGENCIES

It is important to contact your surgeon, GP or emergency department if you have any of the following symptoms:

- Severe unrelenting pain not relieved by analgesia, rest, ice, compression or elevation.
- Severe swelling of the foot or calf that does not resolve with elevation
- Redness around the wound
- Discharge from the wound or pin sites
- Fevers, night sweats or unexplained shaking or feeling cold
- Shortness of breath or chest pain

Please note – this information sheet is a non-specific overview prepared by your surgical team and is not a replacement for specific medical advice. If you have any specific concerns, please contact your surgeon directly.