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ANKLE LIGAMENT RECONSTRUCTION POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a padded cast, called a splint. Caution is used to avoid sliding when the cast is resting on a hard floor surface. The dressing will be removed on your first post-operative appointment in the office. Keep the dressing/splint clean and dry. You may notice bleeding or drainage on your bandage. This is not unusual. Do not remove the bandage. You may apply another bandage over if necessary. If bleeding is excessive, call the Surgeon on call.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least three days <u>after</u> operation. During the period of bed rest, the feet are elevated above the level of the heart. Continue elevating the foot/feet when at rest as often as possible; this will help decrease swelling and pain. It is better to be up frequently for short periods of time rather than being up fewer for longer periods of time and this will increase swelling and pain. Confinement to the house for the first week is recommended.

Remain nonweight bearing for the first two weeks after surgery. The use of crutches, a walker, wheelchair or knee scooter should be used as a walking aid.

PAIN MANAGEMENT

Local anesthetic and often a nerve block is used to anesthetize or numb the surgical area. This will numb the pain for approximately 4-24 hours after surgery.

Oral pain medication is prescribed, and given to the patient before surgery. Fill the prescriptions as soon as possible and begin taking them as directed for the first three days, as this tends to be the most painful period. Then the pain medication can be scaled back as pain lessens. If pain is intolerable during the first 24 to 48 hours: Phone the surgeon on call

BANDAGES AND CASTS

First and second weeks: The bandage will be covered by a cast.

After 2 weeks sutures are removed and a removable walker boot is usually applied. Occasionally the foot needs more stability than provided by the walker boot, and a cast will be reapplied. The removable walker boot is used at all times, even when sleeping. It is removed for doing exercises and showering. After six weeks, the transition out of the walker boot will begin.

SHOWERING AND DRIVING

While a cast is in place, keep it dry when showering. This can be done with a cast bag or trash bags secured with duct tape or a thick rubber band.

Once the cast/splint is removed, showing can begin. Do not soak the ankle in a tub or spa until one week after the cast/splint is removed.

Driving is usually not safe for about eight to ten weeks after operation if the right foot is operated upon. If the left foot is operated upon, driving is usually practical at two to three weeks.

REHABILITATIVE EXERCISES

First week (days 0 - 6): No exercises.

Second week: (days 7-13) Tighten the muscles of the foot and leg without excessive deliberate motion in the toes or ankle. Tighten the muscles for 20 seconds, relax briefly and repeat. A "set" of isometric contractions is 5. Do a set each hour until the cast is discontinued.

Third week (days 14 - 20): During the third week, massage and gentle range of motion is encouraged. Gentle plantar flexion and dorsiflexion to be done (ankle up and down). Avoid inversion and eversion (side to side motion). Use both hands to grasp the top of the foot by the great toe. Apply progressively greater pressure with the hands up the foot and ankle. Do the exercises and massage 4 or 5 times per day. Formal physical therapy can start at this time as well.

SKIN CARE

Beginning when the cast is taken off, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. Avoid the surgical sites until they are completely healed and there is no drainage.