

# Brostrom ankle ligament repair

**This leaflet explains more about a Brostrom repair, including the benefits, risks and any alternatives, and what you can expect when you come to hospital. If you have any questions, please speak to a doctor or nurse caring for you.**

## What is a Brostrom repair?

A Brostrom repair is an operation to repair the ligaments on the outside of your ankle. Ligaments connect the bones in your ankle to each other, making a strong and stable joint. If you twist or sprain your ankle the inflexible ligaments can become torn, broken or stretched. The ankle can then become weak and give way while walking on uneven surfaces.

A Brostrom repair improves the symptoms of instability and your ankle painfully giving way.

## What happens during a Brostrom repair?

A Brostrom repair can usually be done as day surgery but sometimes involves staying in hospital for one night after your surgery. You will have a general anaesthetic (which puts you to sleep during the procedure), or a spinal anaesthetic (which numbs you below the waist during the procedure). Due to the complexity of the surgery, it is not possible to have a local anaesthetic to numb the ankle only.

A 6-8cm cut is made on the outside of your ankle. The soft tissue (flesh) over your ankle is released and the remains of the damaged ligaments identified. Small metal anchors are sometimes attached to your ankle bone and the injured ligaments are attached to these or directly onto your bone using stitches. This is then supported by the layer of surrounding tissue which is stitched in place. This tightens the ligament, making your ankle less likely to give way. Sometimes a synthetic ligament may be used to reinforce the repair.

The wound is then closed using stitches. A dressing and a plaster cast are applied from below the knee to the toes.

Often the Brostrom repair operation is combined with keyhole ankle surgery. This is to address bone spurs (tiny pointed growths of bone), inflammation, and cartilage damage inside the ankle joint caused by the weak ankle. Keyhole surgery takes about an extra 30 minutes and also increases the swelling in the ankle after your operation. Apart from increased swelling, the recovery from a combined operation is usually the same as for a Brostrom repair only.

## What are the risks?

In general, the risks of any operation relate to the anaesthetic and the surgical procedure itself.

In most cases you will have a general anaesthetic for a Brostrom repair with or without keyhole surgery, but you could have a spinal anaesthetic. You can discuss this with the anaesthetist (a doctor who specialises in anaesthetics) before surgery and they will identify the best method for you. For more information about this, please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one .

The main surgical risks are listed below, from common to rare. The full list of risks will be explained by the surgeon treating you. Please ask your surgeon about any questions or concerns you have.

- **Swelling.** Your ankle will swell after surgery as part of the healing process. It may take six months for the swelling to go down. It is important to elevate (lift) your foot particularly in the first two weeks. This is a common risk.
- **Infection.** The cuts usually heal within two weeks, but may leak a small amount of fluid. In a very small number of cases the wounds may become infected and need antibiotics. This is a less common risk.
- **Nerve damage.** There may be some numbness over the top of your foot or outer toes. This is because small nerves are pushed to one side during the surgery to get to the ligaments. They may be stretched or damaged. This numbness normally recovers within two months, but a small number of patients have permanent numbness. This risk is less common.
- **Excessive tightness or instability.** Sometimes the ligaments can become too tight and sometimes the ligaments can stretch out over time. This is more common in patients who are particularly active. Synthetic ligaments may be used in this situation. This risk is less common.
- **Deep vein thrombosis.** A clot in the leg, which can travel to the lungs, is a very rare but serious risk of ankle surgery. Measures are taken to reduce the chance of this happening. This is a rare risk.

Please refer to the leaflet, **Preventing DVT (deep vein thrombosis) and PE (pulmonary embolism)**, which gives more information. If you would like a copy, please ask a member of staff caring for you.

## Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## Are there any alternatives?

Non-surgical measures including physiotherapy, bracing (supports) and painkillers will have been tried before going ahead with a Brostrom repair. The alternative is to live with the instability and manage the pain with painkillers. A steroid injection can sometimes help.

## How can you prepare for a Brostrom repair?

Before your Brostrom repair we advise you read more information about the procedure. You should also consider the impact the operation will have on your work and your ability to drive while you recover.

### Read leaflets

As well as the other leaflets mentioned in this leaflet, we advise you to read **Having surgery at Guy's and St Thomas' Hospitals** to help you prepare for your operation. Please speak with the staff caring for you for a copy. If you have any questions concerning the information in these leaflets please discuss them with the staff caring for you.

### Plan your care and journey home

You should make arrangements to be collected from the hospital. Someone should stay with you overnight if you have a general anaesthetic and your operation is a day case.

### Plan for your absence from work

You will need some time off work after the surgery. This will be at least two weeks, but longer if you have a manual job. Your surgeon will discuss this with you. We advise you to speak to your employer before surgery to make plans.

### Plan for your inability to drive

Unless surgery was on your left foot and you have an automatic car, you should not drive for 6 weeks after your operation. Motor insurance companies vary in their policies, so check with them first. If you have a manual car or the surgery was on your right foot, you will need to make other arrangements if you usually rely on being able to drive.

## What do you need to bring with you to the hospital?

When you come to hospital for your surgery, please bring:

- loose fitting clothes to wear after the surgery. They will need to go over the dressing and plaster cast, so baggy or wide-fitting tracksuit trousers, shorts or a skirt are ideal.
- shoes with a flat sole and supportive back for the foot which has not had surgery.

## Will you feel any pain after your surgery?

There will be some pain after surgery. During your operation, local anaesthetic may be injected into your ankle to reduce the pain after the operation. You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. These will be a combination of strong and weak painkillers.

It is important that you continue to take painkillers as advised after your surgery. However, if you have little or no pain you may not need to take the tablets.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment at hospital or you should seek further advice and management from your GP.

You should receive the leaflet, **Taking painkillers after your surgery**, which gives you more information. If you do not have one, please ask a member of staff caring for you for a copy.

## What happens after a Brostrom repair?

When you have recovered from the anaesthetic, the physiotherapist will give you some crutches and teach you how to walk without putting any weight on the operated foot (non-weight bearing). This will protect your repaired ligaments and keep your ankle in the correct position. You will be non-weight bearing for two weeks.

Your foot and ankle will be in a plaster cast to protect your ankle and to reduce the swelling. The plaster cast applied in the operating theatre will need to stay on for two weeks. You must keep your foot elevated when not moving about. Do not get your plaster cast wet. Waterproof protection devices for casts can be bought online or from pharmacies.

## What do you need to do after you go home?

This is a general guide only. Patients will progress and recover from their surgery at different rates. If your surgeon gives you different advice, you should follow that.

### Days 1-14 after surgery

The day after surgery the local anaesthetic will start to wear off so you will feel increased soreness. You can avoid this by taking the painkillers given to you.

You should keep your foot elevated when not walking for the first two weeks after the operation. If your foot is hanging down, it will swell and become sore. The toes can go a slightly purple colour when you hang the foot down. It is normal to see mild bruising and some dry blood on the foot. By the end of the first two weeks, any pain you have should be significantly reduced.

If the plaster cast feels tight, then you must contact us for advice – see contact details below.

### Around days 12-14 after surgery

You will be seen about two weeks after your surgery in the outpatient clinic. This appointment will be made for you. At this time the wounds will be checked and any stitches removed.

Your consultant will decide if you will have a new plaster cast, boot or brace (support) applied for the next 3-4 weeks, during which time you can start to walk (weight bear) on your operated ankle.

If you have a sedentary (not a lot of movement) job and are able to elevate your leg, you will be able to return to work 2-6 weeks after your surgery.

### 5-6 weeks after surgery

You will have an appointment with one of the team. The plaster cast, boot or brace will be removed. You will be able to start wearing shoes at this point. You may be given a brace to wear.

You will also be referred for physiotherapy. If the doctors are happy with your progress you may be discharged at this point.

### 6-12 weeks after surgery

You can drive at 6 weeks, but check with your insurance company first. You will continue to wear your ankle brace for one month and start physiotherapy.

At 6 weeks you can start gentle low-impact exercise, including swimming, cross-training and using an exercise bike. At 10 weeks you can start running.

You will be able to return to work at 8 weeks if you have a light manual job, or 10 weeks if you have a heavy manual job.

### **3-6 months after surgery**

You will hopefully start to enjoy the benefits of having undergone the Brostrom repair. High impact exercise can resume at 14 weeks. Your foot may continue to be swollen for 6 months after surgery.

## **What should you do if you have a problem?**

If you experience any of the following symptoms, please contact your GP or go to your nearest Emergency Department (A&E).

- Increasing pain in your foot or ankle.
- Fever (temperature higher than 38C).
- Pins and needles or numbness in the limb with the plaster cast.
- Blister like pain or rubbing under the plaster cast.
- Discharge, wetness or a smell under your plaster cast.
- If you drop any objects in your plaster cast.
- If you suspect you have a DVT. Symptoms include pain and/or burning in the back of your lower leg if your plaster cast is on your lower limb. You may also feel unwell and have a temperature.
- If your toes become blue or swollen or you cannot move your limb.

### **Contact us**

If you have any questions or concerns about your surgery, please contact the clinical nurse specialist. Call the hospital switchboard, **t:** 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse specialist directly, Monday to Friday, 9am-5pm.

Please contact your GP or go to your local Emergency Department if you have any urgent medical concerns outside these hours.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

### **Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748, Monday to Friday, 9am-5pm

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