

## POST-OPERATIVE INSTRUCTIONS AND REHABILITATION FOLLOWING ANKLE ARTHROSCOPY AND STABILIZATION

*These are some general guidelines, however if there are any significant deviations from them you will be informed of this by your surgeon.*

*If at any stage you experience severe pain (not controlled with the analgesia you were given), fevers, chills, night-sweats, shortness of breath, chest pain, or any symptom about which you are concerned please make immediate contact with your surgeon, your anesthetist, the hospital where your surgery was performed, or your local emergency department*

### Immediately post-surgery

- You will wake up in recovery with your operated leg in a short (below knee) cast or brace
- The cast is to both protect the surgical site and control your pain. The cast should be left intact until seen in surgeon's rooms for your first post-operative review.
- The wound will be closed with dissolving sutures which do not require removal
- The nurses will administer pain killers as required
- You will be encouraged to move the knee and hip on the operated side
- When you have recovered from the anaesthetic, you will be allowed to mobilize with the assistance of crutches
- **You are allowed to/ not allowed to partially/ fully bear weight on the operated side**
- The surgeon will see you before you leave and explain the surgical findings and the procedure performed

### From discharge until 2 weeks post surgery

- Although you are allowed to mobilize as indicated above, when not moving around try to keep the ankle above the level of the heart to reduce the amount of swelling and pain.
- You are encouraged to move the operated knee and hip often, and for at least 10 minutes every 3-4 hours during waking hours.

*Phone Dr. Porter's rooms to confirm the time and date of your appointment*

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*You may notice some bruising appearing in your toes, days to weeks following your surgery. This is bleeding from the operation site that has tracked distally under the influence of gravity and should not cause alarm.*

### First post-operative review (2 weeks)

- The surgeon will remove the cast, check the wound and place you in an appropriate brace (will vary with type of surgery performed, the stability of the repair etc.)

- You will also be referred for physiotherapy to supervise and monitor your rehabilitation

#### 2-6 weeks

- You will be allowed to weight bearing as tolerated with the brace on, and this can be with or without crutches. You should be able to walk without crutches within 4 weeks of the surgery.
- Physiotherapy sessions will concentrate on restoring the normal range of movement in the dorsi-plantar flexion and eversion-supination directions. The physiotherapist will also instruct you in strengthening exercises in each of these directions. No inversion-supination movements are allowed until 6 weeks post surgery. You will also perform balancing exercises.

#### Second post-operative review

- The surgeon will see you for your second post-operative review at about 6 weeks post surgery. He will check the quality of the repair and healing
- At this stage he will usually recommend weaning yourself off the use of the brace for activities of daily living, but it should be worn for all sporting activities until told otherwise.

#### 6-8 weeks

- You should be able to swim and cycle with or without the brace on. An air cast stirrup may be recommended for these activities.

#### 8-12 weeks

- You should be able to return to running (even surfaces) wearing the air-cast stirrup.

#### 12-26 weeks

- Over this period, you should be able to make a graded return to full sports activity, aiming for unrestricted sports participation within 5-6 months.

#### Air-cast stirrup

- This should be worn until the ankle has regained full stability and is similar to the other (uninjured) ankle. However, for high-risk activities, such as volley-ball, basketball, netball, touch foot ball, orienteering etc. it is recommended that you continue to wear the air-cast brace or a lace-up ankle brace indefinitely.