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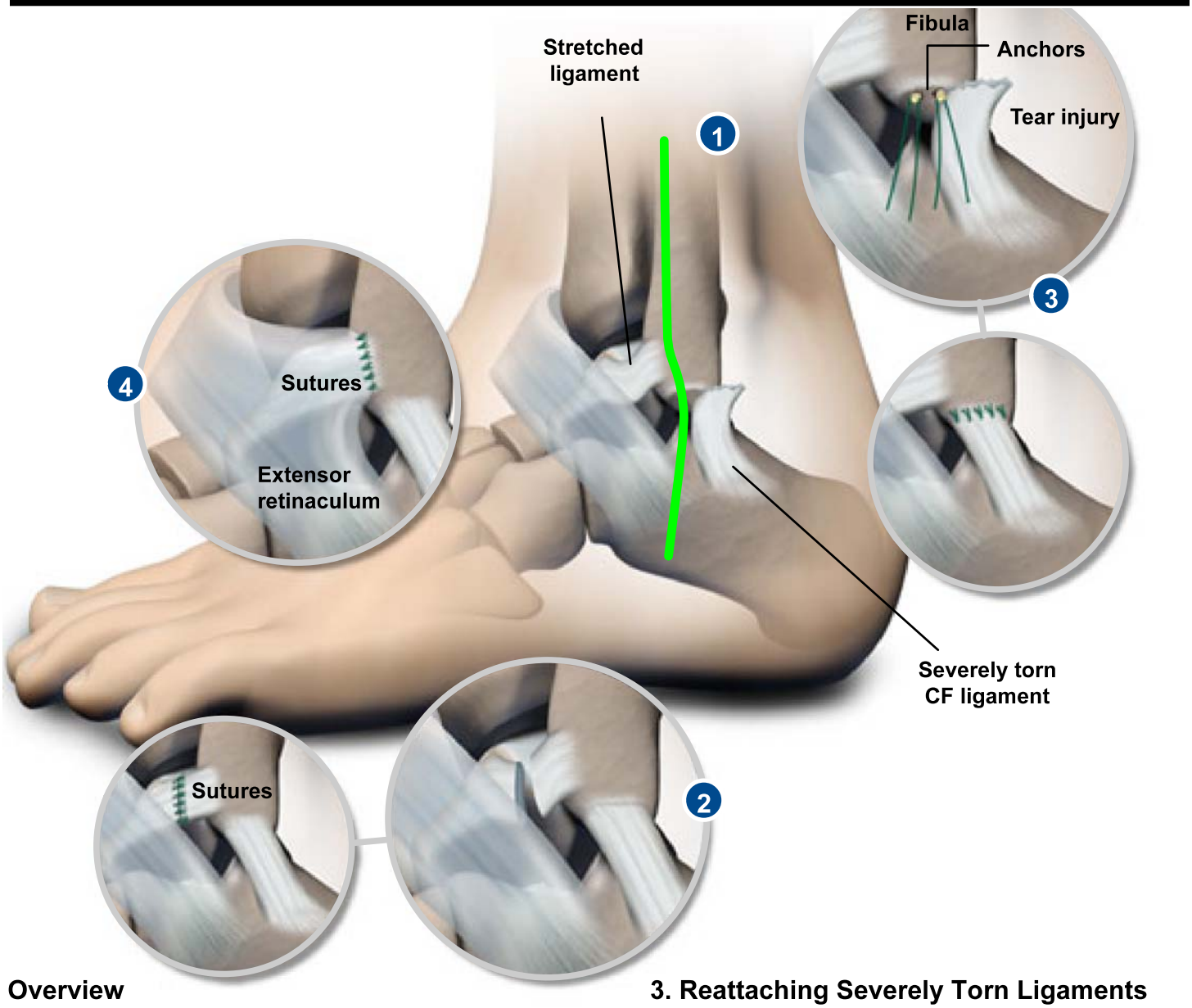
LATERAL ANKLE LIGAMENT RECONSTRUCTION



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.

1. 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) ligaments.

2. 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.

3. 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.

4. 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

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.