FOOT & ANKLE CENTER · PATIENT GUIDE

Ankle Stabilization Surgery

For chronic ankle instability: what your MRI is looking for, how surgery repairs the ankle, and a clear path to recovery.

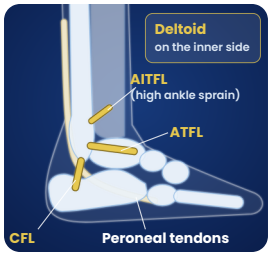
Small incisions | Boot + PT at 2 weeks | Brace at 6 weeks | Return to sports at 10–12 weeks



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Board-Certified Orthopaedic Surgeon
Fellowship-Trained in Foot & Ankle

1 The injury

Chronic ankle instability is usually an injury to one or more **ankle ligaments**, typically the **anterior talofibular ligament (ATFL)**, **calcaneofibular ligament (CFL)**, and/or **deltoid ligament**, and sometimes the **anterior inferior tibiofibular ligament (AITFL)**, injured in a **high ankle sprain**.



Outer side of the ankle

2 What your MRI looks for

- ✓ Injury to the **ATFL, CFL, deltoid, and/or AITFL** ligaments.
- ✓ Additional damage to the **peroneal tendons** or the tissue that stabilizes them.
- ✓ Possible **cartilage damage** inside the ankle joint.

3 The surgery

Surgery **repairs these structures**. Typically a portion is performed **arthroscopically** (with a small camera), and the ligaments that need repair are **repaired through small incisions**. We use a variety of techniques depending on the exact nature of the injury. We'll discuss in detail at your appointment the technique we anticipate using for your specific case.

Results: about **95% good to excellent results**, particularly for straightforward ankle instability.



1. Arthroscopy
small portal



2. Repair
small incision



3. Closure
resorbable sutures

4 Your recovery, step by step

Sutures out & therapy start at your 2-week visit

0–2 wk — Weeks 0–2
Non-weight-bearing in a splint, unless we need to start very early range of motion

2 wk — Week 2 · first post-op visit
CAM boot; weight-bear as tolerated. Start physical therapy (unless it needs to be restricted). Sutures out. OK to shower after

6 wk — Week 6
Most back to regular shoes or sneakers with a lace-up ankle brace

10–12w — Weeks 10–12
Most return to athletics for straightforward injuries; possibly later after more complicated tendon or cartilage surgery

Incisions & stitches

Arthroscopy portals are closed with **nylon sutures**, which come out at the 2-week visit. Other incisions are usually closed with an absorbable suture (Stratafix or Monocryl) with Dermabond skin glue on top. **Please tell us if you have an adhesive or Dermabond allergy**; we'll use non-absorbable stitches instead.

Everyday life

Showering: you may shower and get the leg wet after 2 weeks (after your first post-op visit).
Driving: resume when you can brake the vehicle effectively, typically 2–6 weeks after surgery for the right foot.
Pain control: most patients only take ibuprofen and Tylenol for pain after the first 2–3 days.

5 · Blood clot prevention

You'll take **aspirin for 2 weeks** after surgery to help prevent blood clots (DVT), unless you have a history of pulmonary embolism or DVT, or a family history of them. **Please tell us if so.**

6 · When to call us

For fever, redness or drainage at an incision, worsening pain, a splint that feels too tight, or new calf pain or swelling: come directly to our walk-in clinic at our Glenn Mitchell Dr office, **Monday–Friday, 9 am–5 pm**. After hours, call **757-321-3300** for non-life-threatening concerns. **Call 911 for chest pain or trouble breathing.**

Potential complications. All surgery has risks. With ankle stabilization these include infection, numbness near the incisions, stiffness, recurrent instability, and blood clots. Dr. Moore will review your own risks with you.

ATLANTIC ORTHOPAEDIC SPECIALISTS

Questions about your ankle surgery?
We're here to help. Learn more at
www.atlanticortho.com

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To make an appointment: **757-321-3360**
Please ask for Dr. Moore.
Surgical scheduling after your appointment: **757-321-3307**
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This handout is general education, not medical advice or a guarantee of results; recovery varies from person to person. Illustrations are simplified drawings.