

POST-OPERATIVE INSTRUCTIONS

Ankle Syndesmosis Repair

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may need to take over the counter stool softeners (docusate, senna, Miralax, etc).
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- For blood clot prevention, you will be sent home with either low-dose aspirin (81 mg twice a day), Lovenox or Eliquis. Take as directed for 4 weeks postoperatively.
- **Resume all home medications unless otherwise instructed.**

WOUND CARE and DRESSINGS

- You will be placed in a splint postoperatively, which will be removed at the first postop visit. Afterwards you will be placed in a CAM boot
- Do not get your splint wet. You may begin showering once splint is removed. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- No soaking, submersion, or scrubbing incisions until ~4 weeks postop, unless otherwise specified.
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **If you experience severe calf pain/swelling, call immediately** (see contact info).

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

CRUTCHES/CAM BOOT

- Crutches or walker will be needed initially while you are in a splint.
- Once transitioned to a CAM boot, crutches can be used as needed for comfort

DRIVING

- NO driving while on narcotics or in a CAM boot.
- Will discuss when to return to driving during clinic visits.

EXERCISES

- While splint is on, you will be non weight bearing. Once transitioned to a CAM boot you will start as touch-down weight bearing, and progress as tolerated
- Physical therapy is crucial to recovery and will start once splint is removed.
 - As a rule, much of the work is **homework!**
 - It is advised to set up PT prior to surgery so there is no delay in rehab
- Elevate your leg for several days to help with swelling.

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

REHABILITATION PROTOCOL

The goal of rehab after ankle syndesmosis repair is termed “Early Functional Rehab.” It is geared to allow early weight bearing while protecting the repair in a CAM boot. It is imperative to work with your physical therapist and follow their guidelines. Advancing to the next phase of protocol is depending on timing and clinical decisions, and will be subject to change if necessary. All exercises should be performed slowly and carefully.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
0-2 Weeks	NWB with crutches	Splint on	None	Elevate leg, toe exercises. OK for NWB glut, quad and hamstring exercises
1-4 Weeks	Progress to WBAT in CAM	CAM boot while ambulating, OK to remove for motion exercises	Gentle ROM as tolerated in sagittal plane only (avoid stress on repair)	Continue Phase I Begin active tibiotalar ROM exercises. Isometric strengthening and foot intrinsics
4-6 weeks	WBAT in CAM	CAM boot while ambulating, off for exercises	Continue sagittal plane ROM, begin to introduce gentle subtalar ROM (not against resistance)	OK to start cycling, anti-gravity training (50% body weight), light resistance bands in sagittal plane. Introduce proprioception

				drills and gait training.
6-12 weeks	Wean CAM boot to lace up ankle brace	Lace up ankle brace once out of CAM	Achieve full sagittal plane ROM, continue subtalar ROM	Continue cycling, advance to full weight bearing running (in brace). Strengthen entire lower extremity. OK to start sport specific agility drills at 8-10 weeks.
3-6 months	WBAT	None	As tolerated	Return to sport