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ANKLE ARTHROSCOPY AND SYNDESMOTIC STABILISATION

INTRODUCTION

An ankle syndesmotom injury involves the spraining or tearing of the ligaments above the ankle joint. The connection between the tibia and fibula is a syndesmosis, where the edges of the two bones are held together by thick connective ligaments.

If the ankle joint is unstable after injury, then ankle arthroscopy and syndesmotom stabilisation surgery is indicated to reduce the separation between the tibia and fibula, so that the ligaments can heal. The surgery involves removing any loose cartilage and/or scar tissue from the ankle by arthroscopy (key hole surgery), and stabilising the tibia and fibula using anchors, tightropes or screws.

THE SURGERY

Ankle arthroscopy and syndesmotom stabilisation surgery involves a number of steps. These include:

- i. general anaesthetic, antibiotics
- ii. two small incisions (each 1 cm long) over the front of the ankle.
- iii. insertion of arthroscope
- iv. insertion of arthroscopic equipment including scissors, scrapers, shaver and burr
- v. assessment of joint stability
- vi. incision over outside of the ankle (5 cm long)
- vii. reduction of the syndesmosis using tightrope, anchors or screws
- viii. wound closure with stitches/sutures
- ix. infiltration with local anaesthetic
- x. back slab plaster application

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with ankle arthroscopy and lateral ligament surgery is low. Some of the risks of surgery include:

- Infection
- Nerve injury – this may result in numbness, tingling and/or pins and needles on the top of the foot
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications.
- Drug allergy.
- Post operative synovitis (inflammation of the lining of the joint), this usually settles with anti-inflammatory medications.
- Ongoing pain.
- Ongoing instability.

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.

Removal of stitches/sutures: 10-14 days.

Pain killers may be required for up to 2 weeks. Clexane injection (to prevent deep venous thrombosis): 10-14 days. Antibiotics for up to 2 weeks.

Protected weight bearing: 6 weeks

- 2 weeks touch weight bearing in back slab on crutches
- 4 weeks weight bearing as tolerated in Aircast walking boot
- The walking boot will need to be worn in bed at night.

Commence ankle exercises: 2 weeks. Commence physiotherapy: 6 weeks

Return to non-weight bearing activities e.g. swimming: 2 weeks. Return to light jogging: 6-12 weeks. Return to most activities: 6-18 weeks. Full recovery: Up to 6 months.

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0500. After hours please contact the hospital where your surgery was performed.