

DR ANDREW WINES MBBS FRACS (Orth) FAOrthA

Adult and Paediatric Orthopaedic Surgeon

Foot, Ankle and Trauma Surgery

ANKLE ARTHROSCOPY AND SYNDESMOTIC STABILISATION

INTRODUCTION

An ankle syndesmotic 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 syndesmotic 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 syndesmotic 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. fixation of the syndesmosis using tightrope
- 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. Fortunately, the risk of complications with ankle arthroscopy and syndesmotic stabilisation surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- Reinjury, recurrent instability
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

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

Removal of stitches/sutures: 10-14 days at first post operative appointment.

Pain killers may be required for up to 6 weeks.

Xarelto tablets (to prevent deep venous thrombosis): for 6 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

Commence ankle exercises: 2 weeks post-surgery.

Commence physiotherapy: 6 weeks post-surgery

Return to non-weight bearing activities e.g. swimming: 2 weeks. Return to light jogging: 8-12 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 0563. After hours, please contact the hospital where your surgery was performed.