

Ankle Arthroscopy & Syndesmosis 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 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 (keyhole surgery), and stabilising the tibiaofibular syndesmosis using tigtropes or screws.

THE SURGERY

Ankle syndesmosis surgery involves a number of steps:

- General anaesthetic and IV antibiotics
- Tourniquet around the thigh
- Two small incisions (~6mm) over front of ankle
- Insertion of arthroscope (camera) and keyhole surgery instruments into the ankle joint
- Assessment of joint stability
- Incision on outside aspect of ankle
- Reduction of the syndesmosis using screws, tigtropes or anchors, and check x-ray
- Closure of incisions with sutures
- Local anaesthetic block
- Surgical camboot (VACOcast)

GUIDELINES FOR POST-OP RECOVERY

HOSPITAL ADMISSION

- Most patients go home on the day of surgery

FIRST 2 WEEKS

- Elevate foot and rest
- TOUCH WEIGHTBEARING in boot
- Mobilise with crutches/frame
- Boot and dressings to stay dry and intact
- Strong painkillers as required
- Aspirin 100mg per day
- Wiggle toes to encourage circulation

2 WEEK POST-OP APPOINTMENT

- Review by nurse & removal of dressings and sutures

WEEKS 3-6

- Surgical boot on at ALL times, including in bed, except for physio/exercises & showers (seated with shower chair)
- Elevate foot when resting
- Daily scar massage from 3 weeks post-op
- Aspirin 100mg per day
- Physiotherapy review (arrange first appointment for 2-5 days after the 2-week post-op check)
- **PHYSIOTHERAPY:**
 - Commence gentle NWB active and passive ankle and ROM exercises. Avoid rotational forces.
 - Progress to full weightbearing as tolerated in surgical boot
 - Exercise bicycle with surgical boot on
 - General upper body, core, hip and knee exercises

6 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

WEEKS 7-12

- **PHYSIOTHERAPY:**
 - Transition out of boot into normal supportive shoes
 - Gait re-training
 - Exercise bicycle +/- elliptical trainer in normal shoes
 - Continue lower limb strength and conditioning

12 WEEK POST-OP APPOINTMENT

- X-ray and review by Dr Zilko

FROM 12 WEEKS

- **PHYSIOTHERAPY:**
 - Work-specific or sport-specific training
 - Safe to commence open-chain impact/running

Full recovery is usually up to 6 months.

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