

Posterior ankle arthroscopy

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Posterior Ankle Arthroscopy

AN ANATOMIC STUDY

Conclusions: The findings of the present cadaveric study suggest that, with the patient in the prone position, arthroscopic equipment may be introduced into the posterior aspect of the ankle without gross injury to the posterior neurovascular structures. Limited clinical trials should be carried out to confirm this finding.

BY DAVID F. SITLER, MD, ANNUNZIATO AMENDOLA, MD etc.

JBJS 2002

Posterior ankle arthroscopy

Posterior ankle arthroscopy/hindfoot endoscopy gives excellent access to the posterior ankle compartment, the subtalar joint as well as extra articular structures such as os trigonum, the deep portion of the deltoid ligament, the posterior syndesmotic ligaments and the tendons of the tarsal tunnel.

C. Niek van Dijk

Indications

Intraarticular pathology

1. Posterior compartment of ankle joint

- Posterior located osteochondral defects
- Loose bodies
- Calcifications or avulsion fragments
- Posterior tibial rim osteophytes
- Synovitis and/or adhesions

2. Posterior compartment of subtalar joint

- Osteochondral pathology/defects
- Loose bodies
- Osteophytes
- Synovitis and/or adhesions

Indications

Periarticular pathology

1. Posterior ankle impingement caused by overuse or trauma.
2. FHL pathology, such as tendonitis, impingement etc.
3. Pathology of the deep portion of the deltoid ligament. Gives posteromedial pain especially when running or walking on uneven ground.

Clinical examination

- Inspection
- Palpation
- Provocation tests
- Stability tests
- Injections with the local anesthetics or/and steroids



Clinical examination



Radiological examination



- X-rays
- CT
- MR

Operative technique

- Anesthesia
- Placement of the patient
- Tourniquet
- Soft-tissue distractor



Operative technique



Placement of the foot, lateral and sagittal views

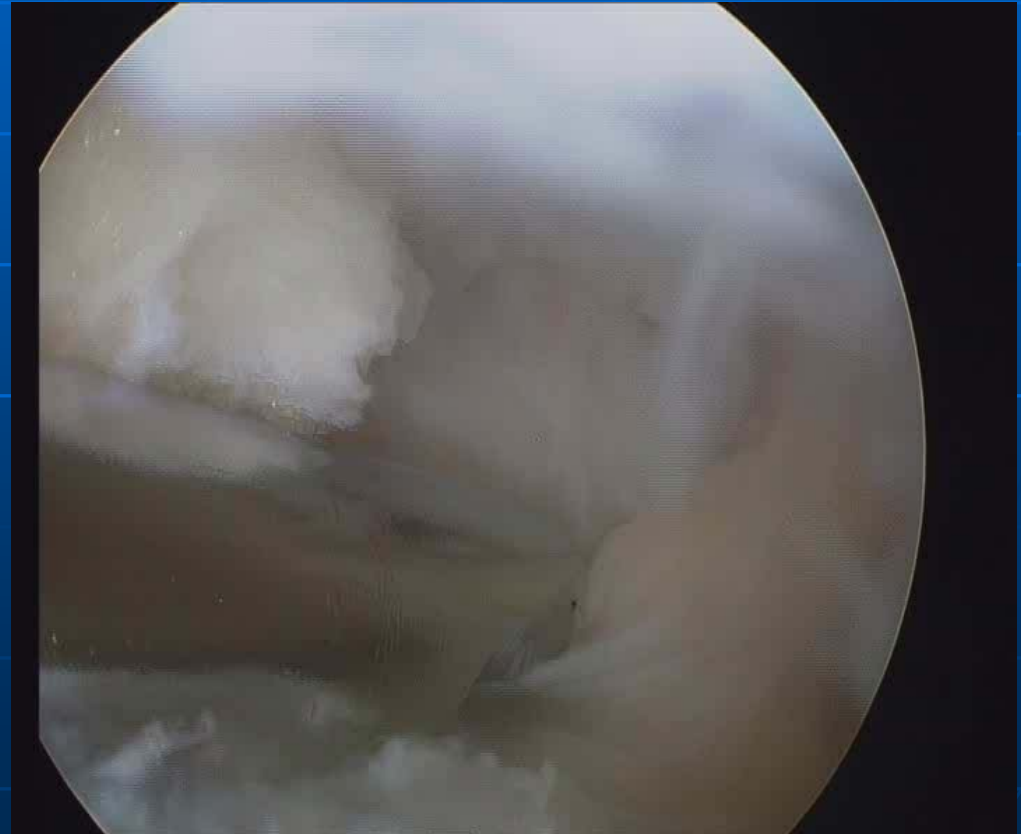
Operative technique



- Instruments
- Placement of portals
- Insertion of the instruments

Operative technique

- Removing of the fatty tissue and the joint capsule



Operative technique

- Inspection of the subtalar and ankle joints
- Inspection of posterior talofibular and posterior tibiofibular ligaments



Operative technique

Inspection of the posterior part of the ankle joint



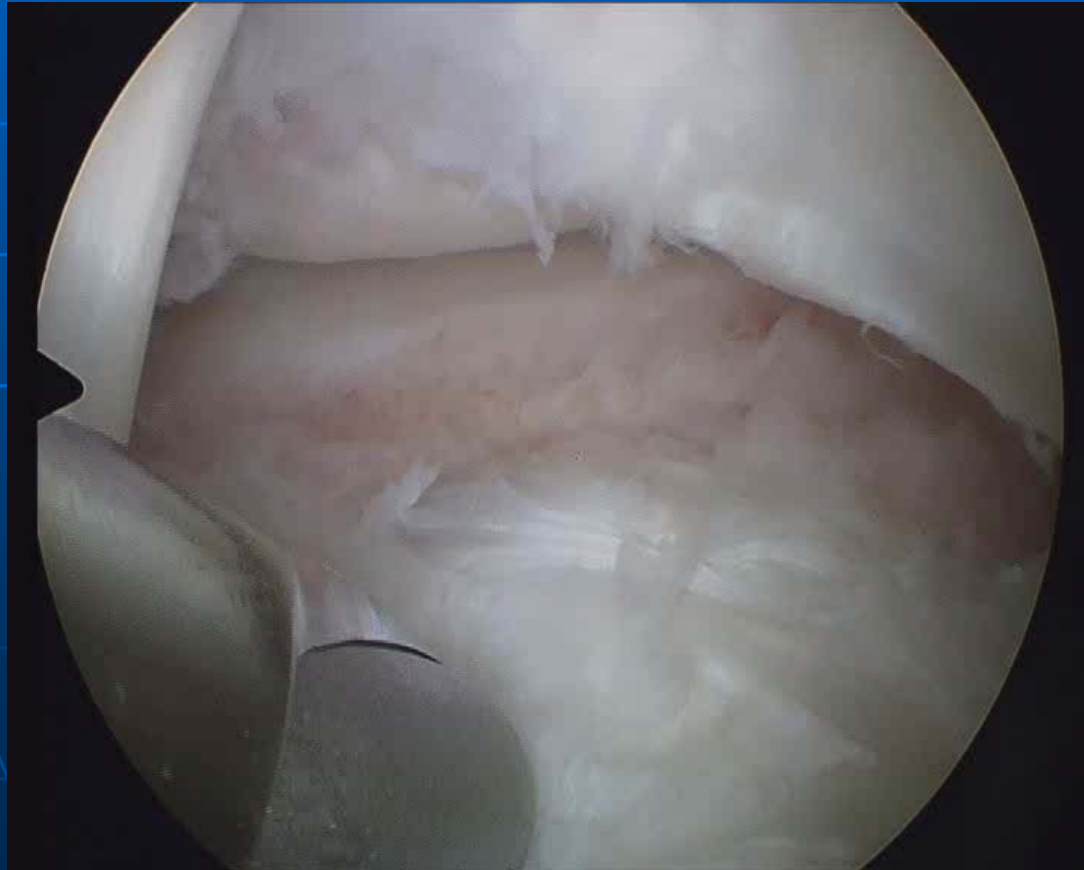
Operative technique

- Inspection of FHL and if necessary FDL and tibialis posterior tendons
- If necessary release and inspection of the neurovascular bundle



Operative technique

- Recognizing and treatment of the pathology



Aftertreatment

- Full ROM immediately after surgery
- Partial weight bearing for the first 5 to 7 days
- Physiotherapy if necessary



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