SESSION B
10:30 – 11:30 am

SYMPOSIUM 2: Complications

Moderator:
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♦ 10:35-10:45 am - Non Union, Malunion of 1st Metatarsal Osteotomy
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Malunion and non-union are potentially devastating complications of corrective metatarsal osteotomies used for the treatment of hallux valgus. Knowledge of strategies to avoid these undesirable outcomes is critical. Such strategies include prudent patient selection, careful surgical planning and execution, sufficient internal fixation, and appropriate post-operative care. The management of an established malunion or nonunion can be challenging. Treatment options for non-union include immobilization, electrical stimulation, arthrodesis, and revision osteotomy with bone grafting. Options for malunion include accommodative shoewear and orthoses, revision osteotomy, and arthrodesis.

♦ 10:45-10:55 am - Ankle Arthroscopy Complications
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Complications of ankle arthroscopy are rare, but most complications that do occur are neurologic. Stetson and Ferkel reported a 9% complication rate in 612 cases, 49% being neurologic. This is usually characterized by temporary numbness of the skin or irritation of the scar, occurring from injury to the cutaneous nerves where they pass through the ankle joint. The most commonly injured nerves are the superficial branch of the peroneal (56%), sural nerve (22%), greater saphenous nerve (18%) and the deep peroneal (4%). Other possible complications include delayed wound healing, superficial or deep wound infections, ligament injury, deep vein thrombosis, instrument breakage, articular surface damage and chronic regional pain syndrome.

Although antibiotics are given pre-operatively to prevent infection, surgery can cause superficial wound infections or deep joint infections. Superficial infections occur in 1% of patients and have been correlated with the portal placement, type of cannula, early mobilization, and method of portal closure. Deep wound infections have been reported in less than 0.5% of patients. Ligament injury can also occur in less than 0.5% of cases.

The use of invasive or constant manual distraction of the ankle can increase the complication rate. Van Dijk surveyed 1,300 consecutive patients after ankle arthroscopy without the use of routine distraction and reported an overall complication rate of 3.4%.