Role of Arthroscopy in Sports Injuries of the Ankle

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A. Ankle Arthroscopy Indications
- Diagnostic
- Ankle and subtalar impingement
- OLT
- Osteophytes and loose bodies
- Ankle and subtalar arthrodesis
- Syndesmosis injuries, instabilities

B. General Principals
- Soft tissue distraction
- Use knee holder and tourniquet
- Drop foot of table 30°
- Pump optional
- 2.7 mm arthroscope
- Have 1.9 mm scope available

1. Portals:
- Generally use two portal techniques
- Occasionally need posterolateral portal
- Never use central portal
- Establish portals with sharp skin incision, and dull dissection down to capsule, knick and spread technique, avoid superficial nerves

C. Complications
- Instrument breakage
- Chondral injuries
- Ligament disruption
- Compartment syndrome
- Synovial fistula
- Excessive soft tissue resection
- Damage to neurovascular structures and tendons

D. Results, Amendola, Arthroscopy 1996
Best with OLT talus, soft tissue impingement, bony impingement, and plica and scar. Worse results with osteoarthritis, PVNS, Worker’s Compensation.

E. Indications
1. Soft Tissue Impingement; Anterior and Posterior
Etiology:
- Sprains
- Fractures
- Syndesmosis injuries
- Systemic types
- Synovitis
- Post-traumatic
- Scar
- Bassett lesion
- Interosseous synovial hypertrophy
- Flexor hallucis longus tenosynovitis

2. Bony Impingement; Anterior and Posterior
- Tibial and Talar
- Osteophytes
- Loose bodies
- Chondral lesions
- Osteochondral fractures
- OLT
- Os trigonum syndrome
- Extraarticular problems

3. Osteochondral Lesions of the Talus
   Usually located anterolateral and posteromedial.
   Surgical treatment consists of debridement and micro fracture, with more advanced cases
   requiring a variety of grafting techniques.

4. Subtalar impingement.
   Usually presents as chronic lateral pain over the sinus tarsi. Responds occasionally to steroid
   injections. Surgical treatment consists of subtalar arthroscopy and debridement of synovitis
   and disrupted interosseous ligament.

BIBLIOGRAPHIES