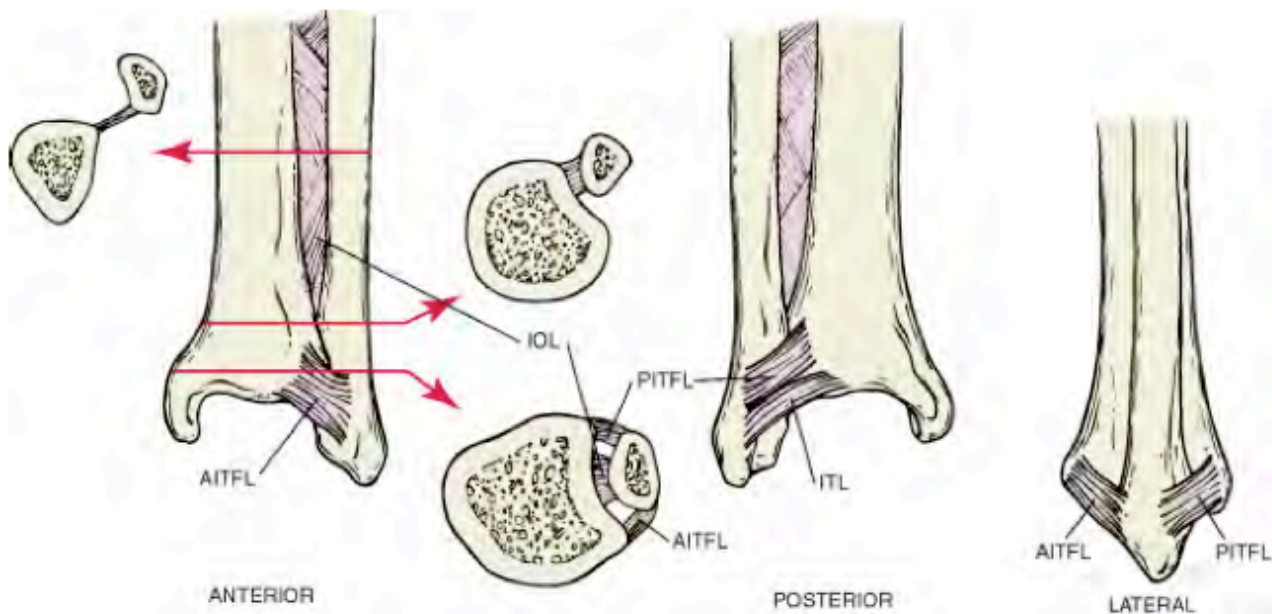


# SYNDESMOSIS INSTABILITY

Ankle sprains are one of the most common sporting injuries.

Most commonly, an ankle sprain occurs when it goes into *inversion*, where the lateral ligaments (ATFL – Anterior Talofibular ligament, CFL – Calcaneofibular ligament) are stretch on the outside of the ankle and the medial ligament (Deltoid) is crushed.

Less commonly, but very important, is the “high ankle sprain” which involves the ligaments that hold the “roof” or *syndesmosis* of the ankle together. These are the AITF (Anterior inferior tib-fib ligament), IOL (Interosseus membrane) and PITFL (Posterior inferior tib-fib ligament).



## NON-OPERATIVE MANAGEMENT

It is important to establish whether a syndesmotic sprain is stable or unstable. You may require and MRI and or a weight bearing CT to determine likelihood of stability by looking at whether there is any significant increase in area between the bones from non to weightbearing. Stable high ankle sprains can be managed with taping, brace and physiotherapy. However there may be a significant time in a moon boot with decreased or non weight bearing.



## OPERATIVE MANAGEMENT

If there is a significant risk that the syndesmosis is unstable, you may require an arthroscopic or “keyhole surgery” assessment. If there is significant widening, then the syndesmosis can be reconstructed with a suture button device and/or a screw.

## POST-OPERATIVE RECOVERY

After a syndesmotic stabilisation, you will have a backslab or splint behind your ankle for 1-2 wks. During this time, it is very important to elevate your foot at or above the level of your heart. You will remain *non weight bearing* for around 6 weeks from the time of your stabilisation. At 2 weeks, the wound is reviewed, sutures removed and a moon boot is applied. You will be seen by a physiotherapist and a specific program will be outlined for calf contractions, scar massage and a restricted range of movement.



## RISKS & COMPLICATIONS

No surgery is completely risk free. The risks and complications will be assessed and discussed with you. There is always a small risk of infection, blood clots, nerve injury and anaesthetic problems and measures are taken to reduce these. There is approximately a 5% chance of experiencing problems with recurrent instability and may be associated with an increase risk of ankle arthritis. A good outcome is achieved in more than 90% of cases if the injury is stabilised within 3 weeks. Chronic syndesmotic instability has a poorer outcome.

## RECOVERY TIMES

Hospital stay	1 night
Rest & elevation	7 – 14 days
Plaster/Crutches (non-weightbearing)	2 weeks
Moon boot	
- NON weightbearing	0-6 weeks
- PARTIAL weightbearing	6-10 weeks
- FULL weightbearing	>wk10-12
Removal of screw (if inserted)	wk 10
Higher functional recovery	16+ weeks
Time off work	
- Seated	2 – 3 weeks
- Standing	>10-12 weeks

**This brochure is a brief overview of the surgical management of ankle instability and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.**