

**DR JEFF LING** MBBS BSc (Med) FRACS (Orth)  
Adult and Paediatric Orthopaedic Surgeon  
Specialising in the Foot and Ankle

## **Ankle Syndesmosis Reconstruction**

### **INTRODUCTION**

The syndesmosis is the ligament complex that binds the fibula to the tibia just above the ankle. This ligament complex is torn typically when the foot is forcibly externally rotated in relation to the tibia, and is known colloquially as a "high ankle sprain". If the syndesmosis has been significantly damaged as determined by physical exam/xrays/MRI, then an ankle arthroscopy (see Ankle Arthroscopy Information Sheet) and syndesmosis stabilisation surgery is indicated to reduce the separation between the tibia and fibula, so that the ligaments can heal properly. Once reduced, using arthroscopic techniques and a clamp, the tibia and fibula are held together using tightropes (Arthrex) or screws and supplemented with an Internal Brace (Arthrex) if necessary.

### **THE PROCEDURE**

There are a number of steps to Ankle Syndesmosis Reconstruction:

1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Ankle Arthroscopy to assess and stress syndesmosis
4. Clamp placed between tibia and fibula to hold and reduce syndesmosis
5. Fixation of the syndesmosis with tightropes/screws/anchors
6. Check Xray using intra-op Xray machine
7. Wound Closure with sutures
8. Plaster Backslab

### **RISKS & COMPLICATIONS**

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.

They include:

Anaesthetic complications

Drug reactions

Wound infection

Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)

Sensory nerve injury

Chronic Regional Pain Syndrome

Ongoing Pain  
Ongoing Instability

## **POST OPERATIVE PROTOCOL**

1 night in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter

Backslab plaster and its dressings kept dry and intact until first post-op appointment

Keep foot elevated as much as possible, for the first 2 weeks

Bloodthinner (Xarelto) taken for first 2 weeks whilst non-weightbearing

Pain killers required for up to 2 weeks

First post-op appointment roughly 2 weeks post surgery for wound check and conversion to boot

Weightbearing – nonweightbearing for first 2 weeks,

Weightbearing in moonboot from 2 – 6 weeks

Formal physio starts at 6 weeks

Return to sport by 4 - 6 months

Full recovery up to 12 months

## **PROBLEMS AND CONCERNS**

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly