

ARTHROSCOPIC SUTURE AUGMENTATION AFTER ALL-INSIDE LIGAMENT REPAIR

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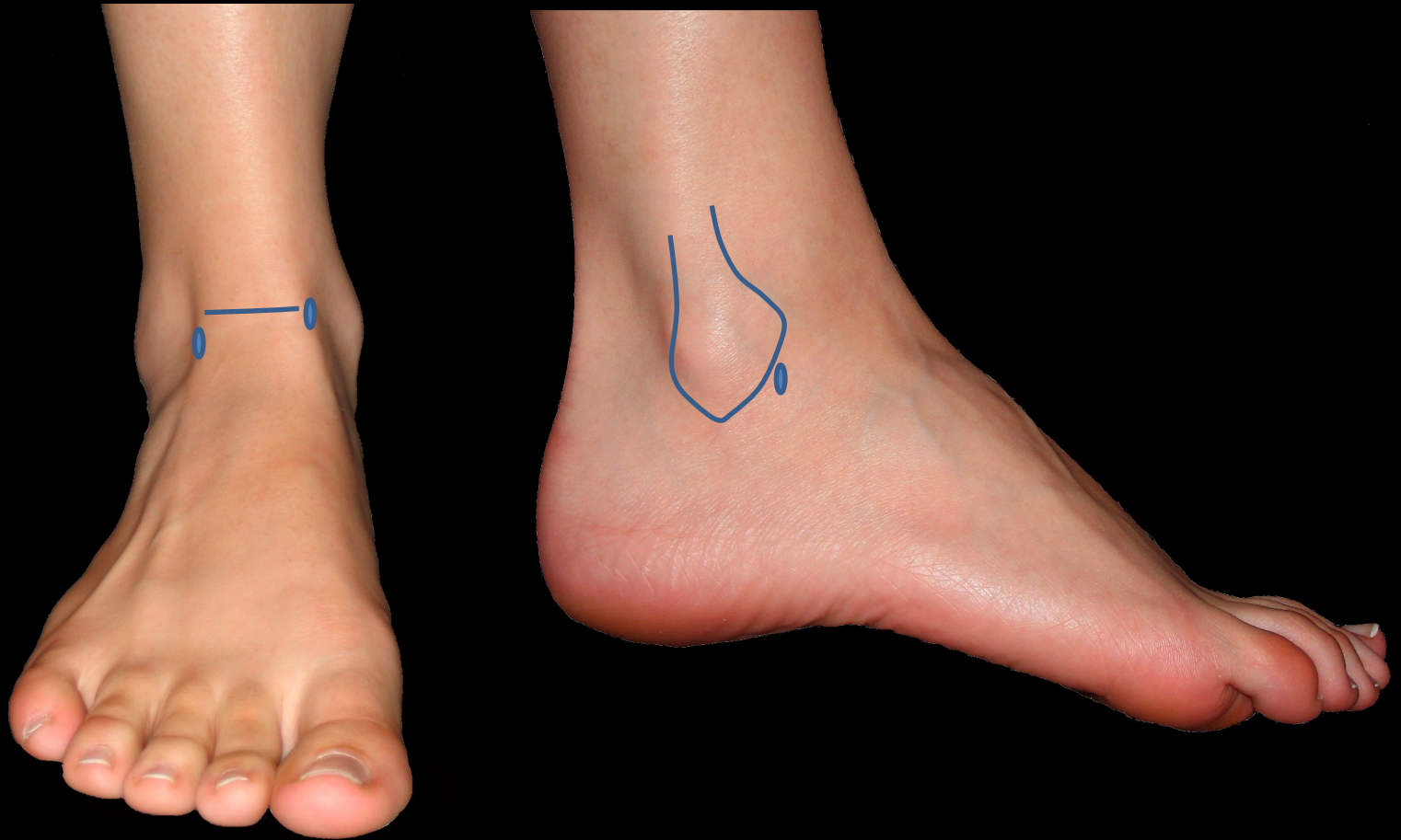


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ANKLE DORSIFLEXION AND
NON-DISTRACTION TECHNIQUE

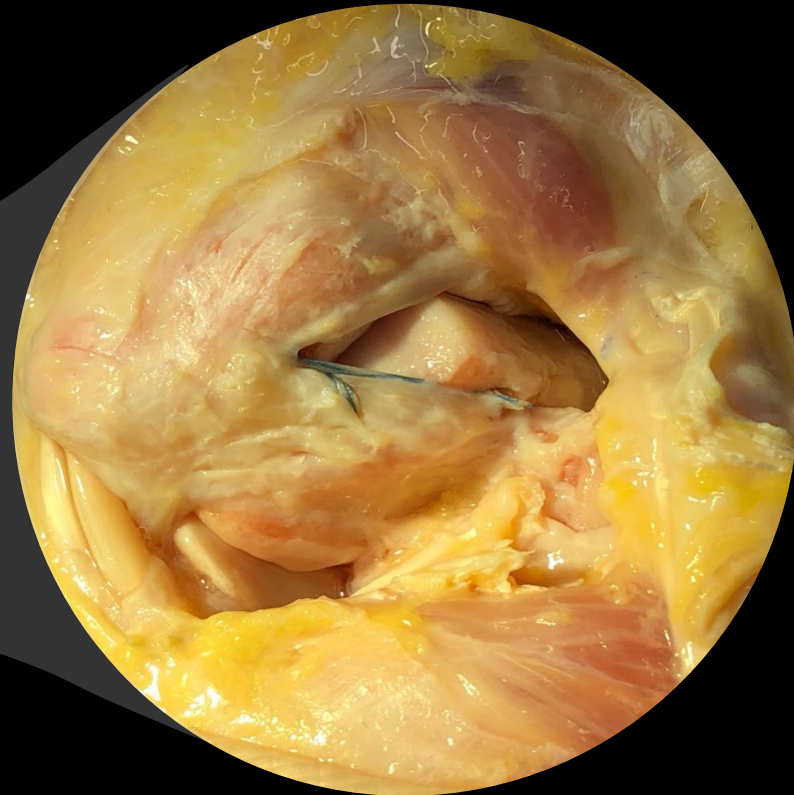


ANTEROMEDIAL, ANTEROLATERAL and
LATERAL ACCESSORY .



ARTHROSCOPIC SUTURE AUGMENTATION

- NON-BIOLOGICAL AUGMENTATION WITH SUTURE or SUTURE TAPE (ARTHROSCOPIC INTERNAL BRACE).



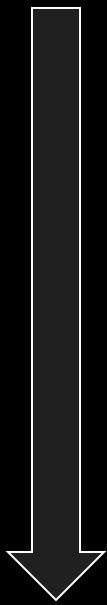
Vega J, Golanó P, Pellegrino A, Rabat E, Peña F. Arthroscopic all-inside anterior talo-fibular ligament repair with suture augmentation gives excellent results in case of poor ligament tissue remnant quality. *Knee Surg Sports Traumatol Arthrosc.* Epub ahead of print. August 2018.

INDICATIONS

- NO LIGAMENT REMNANT
- POOR LIGAMENT REMNANT TISSUE QUALITY
- HIPERLAXITY
- HIGH DEMANDING PATIENT
- ANY OTHER CIRCUMSTANCE THAT FAST MOBILIZATION IS REQUIRED (CONCOMITANT OCD, HINDFOOT ENDOSCOPY, ...)

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POSTOP TREATMENT

- 
- COMPRESSIVE BANDAGE AND POSTERIOR PLASTER SPLINT WITH ANKLE IN NEUTRAL POSITION (2 to 3 days).
 - REMOVABLE WALKING BOOT WHEN NO-PHYSIOTHERAPY and WEIGHT BEARING ACCORDING TO TOLERANCE . In case of chondral injury, no weight bearing is allowed for 4 to 6 weeks.
 - FORMAL PHYSICAL THERAPY DURING THE NEXT DAYS AFTER SURGERY (range of motion exercises, progressive strengthening, proprioception,...according to tolerance).

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7 DAYS POSTOP



9 DAYS POSTOP



TO TAKE HOME

- ARTHROSCOPY IS RECOMMENDED BEFORE LIGAMENT TREATMENT.
- LIGAMENT REPAIR IS THE MOST COMMON TECHNIQUE TREATING ANKLE INSTABILITY.
- THE ARTHROSCOPIC ALL-INSIDE LATERAL LIGAMENT REPAIR IS A REPRODUCIBLE AND SAFE TECHNIQUE, THAT PROVIDES AN ANATOMIC REPAIR WITH ALL THE ADVANTAGES OF AN ARTHROSCOPIC PROCEDURE. (less aggressive than open technique, intraarticular evaluation and treatment of the concomitant injuries).
- THE AUGMENTATION PROCEDURES ARE INDICATED WHEN LIGAMENT REMNANT HAS A BAD QUALITY, PATIENT'S HYPERLAXITY, HIGH DEMANDING PATIENTS or IMMEDIATE ANKLE MOTION IS REQUIRED.