

## 4-MBT 1

### Arthroscopic repair without augmentation for lateral instability of the ankle

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Arthroscopic treatment of ankle instability is an emerging field with an attracting increased interest among foot and ankle surgeons. The ATFL injury is the most common cause of chronic ankle instability. The arthroscopic procedure described here - arthroscopic all-inside ATFL repair through a three-portal and no ankle distraction technique - allows surgeons to explore the ankle joint, treat concomitant pathology when encountered, and re-attached the injured ATFL to its fibular anatomical location.

After patient positioning, anteromedial and anterolateral portals are created. An accessory anterolateral portal is created just anterior to the lateral portal and about 1-1.5cm proximal to the tip of the fibula. The arthroscope is introduced through the anteromedial portal and the instruments through the anterolateral portal. Recognition and evaluation with a probe of the ligament tear is required. The footprint for the fibular attachment of the ATFL is debrided with arthroscopic shaver. The ligament is penetrated with a suture passer. The nitinol loop is pushed and it is pulled out through the accessory portal. The nitinol wire is changed by a double high-resistance suture. The limbs of the suture located in the accessory portal are passed through the anterolateral portal. Next, one or both limbs of the suture are passed through the loop suture. By pulling the suture limbs, the loop is introduced into the joint and the ligament is grasped by the suture. The tunnel for the anchor is drilled. The knotless anchor is charged with the suture, and they are introduced with the ankle in dorsiflexion and valgus. Once the anchor is introduced, the sutures are cut.

As non-augmentation is used, the ankle should be immobilized with a removable walking boot for 4 weeks, and once the walking boot is removed, physical therapy is started.