

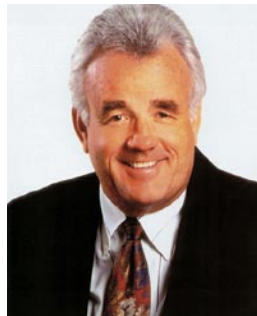
# Ankle Arthroscopy: Room for Growth

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**A**nkle arthroscopy remains a rather underutilized procedure. In spite of a generation of surgeons having been trained in this technique, many of the indications continue to be overlooked. The technique started to gain acceptance in the sports medicine and arthroscopy world approximately 25 to 30 years ago. Early in its evolution, skeletal distraction was utilized, and this introduced a number of complications. As soon as soft-tissue distraction for the ankle joint became effective and popularized, far more interest in this technique was generated.

The general orthopedist sees a multitude of ankle disorders and probably will recognize an increasing number of potential surgical interventions with a little more basic knowledge of arthroscopic techniques. Ankle arthroscopy is certainly not emphasized to any great extent in our current residency programs and is often even lacking in some of our foot and ankle, arthroscopy, and sports medicine fellowships. The learning curve for ankle arthroscopy is far more rapid than for arthroscopies of the shoulder and the hip, and an investment of time at a surgical skills course or a weekend at the Orthopaedic Learning Center in Chicago would certainly bring the surgeon some rather surprising improvement in his or her surgical skills.

Two of the more common procedures about the ankle are soft-tissue and bony resection for the impingement syndrome. Along with surgery for osteochondral lesions of the talus, surgery for the impingement syndrome has been shown to be extremely successful, with good to excellent results approaching 85% to 90%. The incidence of pathological findings in chronic ankle instability requiring



**“The learning curve for ankle arthroscopy is [surprisingly] rapid...”**

operative stabilization reaches as high as 60%. This would seem to make it imperative for anyone stabilizing an ankle to scope the ankle joint to determine associated correctable pathology.

Chronic hindfoot pain can be secondary to a number of intra-articular and extra-articular causes, and a thorough knowledge of the anatomy and pathology is critical. Subtalar impingement and other pathological conditions can mimic lateral ankle pain. It is necessary to understand the basics of ankle arthroscopy, and, increasingly, to be able to scope the subtalar joint.

The 5 Points article, “Osteochondral Lesions of the Talar Dome,” by Dr. James W. Stone is an excellent review of the basics required for surgical intervention. There are multiple advanced procedures that may be employed if conventional approaches fail. These surgical approaches require much more advanced techniques, and experience. They consist of osteoarticular cartilage transfers, autologous chondrocyte implantation (ACI), allograft replacement, and other techniques, not yet performed in the United States, utilizing a variety of scaffolds with ACI. Some of these require knowledge of associated open procedures and osteotomies, and others are being developed that will become all-arthroscopic procedures.

I would encourage all interested in general arthroscopy and sports medicine to make every effort to improve their skills in ankle and subtalar arthroscopy. The most ideal setting for this is currently a 2-day course being offered by the Arthroscopy Association of North America and the American Orthopaedic Foot & Ankle Society in the fall of every year at the Orthopaedic Learning Center in Chicago. ■

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