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EDITORIAL

Low risk of complications during ankle arthroscopy

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In this issue of KSSTA Zengerink and van Dijk [1] report on a consecutive series of more than 1,300 patients who underwent ankle arthroscopy. There are several important issues to consider. First of all, as so often; "the times, they are a' changing". The days when ankle arthroscopy was only diagnostic in nature are over. In other words, ankle arthroscopy is now primarily therapeutic and the surgeon needs to have established a diagnosis before he or she starts the procedure. Secondly, looking in the rear-view mirror, the report shows that the ankle joint was previously usually approached as a small joint, using only small joint arthroscopy and small joint instruments. These days are also over. The ankle joint should be considered a major joint. Just like any other major joint of the body, the pathology in the ankle joint can safely be treated with specific instruments of similar dimensions as those used on the knee and shoulder. Third, and possibly most important, is that the historical approach of using routine distraction is not only unnecessary, but potentially dangerous. It should be considered a method from the past. In this paper the authors report on the "dorsiflexion method", which makes use of the anterior working space by opening up the anterior joint capsule. This is done instead of closing the anterior working space with distraction. In fact, using the anterior working space area has been reported in several previous studies. In this paper, this method is shown to be a safe approach with a low complication rate, for instance when compared with the routine distraction method. Fourth, this study of more than 1,300 patients is a prospective registration of outcomes and complications. This underlines the need for large cohort studies with a good study design. Prospective registration of complications is much less likely to underreport the number of complications. The low number of overall complications is therefore remarkable. It should also be kept in mind that the surgeries were performed by no less than 30 surgeons. This is in contrast to many papers in the orthopaedic literature on ankle arthroscopy, where most or all the surgeries have been performed by one surgeon (most often the senior author). This further underlines the low risk of complications when using this method, even when performed by relatively inexperienced surgeons.

The authors reported an overall complication rate of 3.5 % in this large cohort; neurological complications—all related to portal placement—were less than 2.0 %. Using careful techniques when the portals are placed might reduce the number of neurological complications even more. Another interesting factor was that of age being a significant risk factor for the occurrence of complications. It is also important to note that most complications were transient and resolved within 6 months.

The authors conclude that the complication rate was less than half of what has been reported previously in the literature (3.5 vs 10.3 %). They also conclude that the use of the dorsiflexion method for anterior ankle arthroscopy can prevent a significant number of complications. When it comes to posterior ankle arthroscopy by means of the two-portal hindfoot approach; it was shown to be safe with a complication rate comparing favourably to that of anterior ankle arthroscopy.

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Reference

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