

OPERATIVE REPORT

assistant, which was then held to increase the overall visibility as well as protect the neurologic structures. Initially, the Arthrex TightRope system was utilized. The Arthrex TightRopes were drilled through the fibular head from a posterolateral to the anteromedial position to reduce the posterior and inferior dislocation. As the drill hole was made, the tightrope was then passed, the medial button was then flipped. The first initial TightRope was noted to synch down in an asymmetric pattern and is subsequently removed. This was then replaced with a secondary TightRope, which was then securely fixated in symmetrical fashion to securely fixate and stabilize the fibular head adjacent to the proximal tib-fib syndesmosis. This was secured down in knotless fashion and was then held for final compression and fixation. Next, a second TightRope was inserted below the level of the common peroneal nerve. The nerve was retracted out of the operative field. Again, this was then drilled from a lateral to medial with a slight and certainly diverging pattern from the original TightRope position, again to provide a compressive support. Once this had been drilled, the second TightRope was then passed. The medial button was then flipped. The TightRope was introduced along the posterolateral cortex of the fibula. Both TightRopes were then gently compressed into position and due to the knotless fashion, they were then compressed, and were then backed up with 3 small 1/2-inch knots. Once this had been completed, the guidewire from the Arthrex Trim-It screw system was utilized. The guide pin was then passed, and again, this was done and the further third slightly diverging vector to create a nice compressive support across the proximal tib-fib articulation. The guide pin was then passed, it was then measured, and a 60 mm screw was then chosen. This was then appropriately drilled, tapped and a final bioabsorbable PLLA screw was then passed. A nice compression static support was then created along the proximal tib-fib articulation as well. Following completion of the procedure, the final images were obtained in the AP and oblique positions which documents that the tib-fib articulation is well aligned and stabilized. The tightening process was done with the knee in full extension and neutral alignment across the proximal and distal tib-fib articulation with the ankle in the neutral position as well. After completion of the stabilization process, direct palpatory examination was completed which demonstrates the fibular head and proximal tib-fib syndesmosis to be well stabilized with no further signs of posterior-inferior instability. The distal tib-fib articulation appears well aligned, is also stable by direct palpation. Following completion of the procedure, copious irrigation was then completed. The fascial layer was then closed with 0 Vicryl suture at the IT band level. The subcutaneous tissue was then closed with 2-0 Vicryl inverted sutures. The subcuticular closure was then