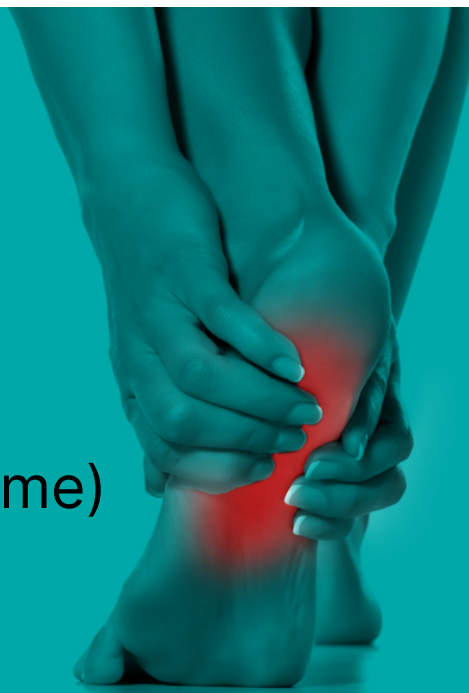


TIB/FIB Instability

(High Sprain Syndrome)



What is it Tib/Fib Instability?

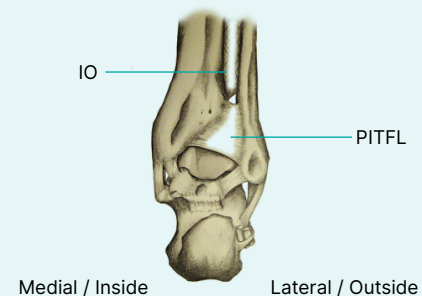
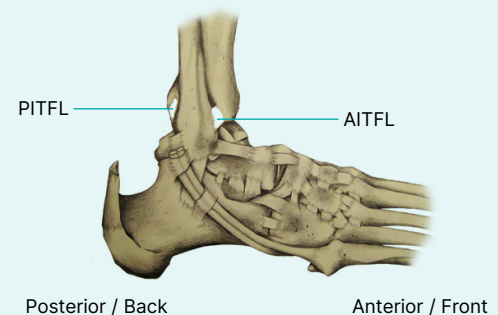
Tib/Fib instability or high sprain syndrome occurs when there is tearing and damage to the high ankle ligaments. These injuries are much less common than a traditional ankle sprain. The high ankle ligaments are located above the ankle, as opposed to the more commonly injured ligaments on the outside of the

ankle. These high ankle ligaments connect the tibia to the fibula. It is important to have stability between the tibia and fibula at this level because walking and running place a tremendous amount of force at this junction.

Anatomy

The high ankle ligaments connect the tibia and fibula and allow some rotation. There are three major components of this ligament complex. Ligaments connect bone-to-bone, whereas tendons connect muscle-to-bone, allowing them to move parts of the body.

- ① The first ligament is called the anterior inferior tibiofibular ligament, or AITFL, which runs in front of the two bones.
- ② The second is called the posterior inferior tibiofibular ligament, or PITFL, which runs in the back.
- ③ The interosseous (IO) membrane runs down the middle of these and provides a major support between the two bones.



Signs and Symptoms?

High ankle sprains occur from rotational injuries, much like ankle fractures. An external rotation, when the foot is turned towards the outside with respect to the leg, most commonly causes these tears. High sprain

injuries are associated with prolonged recovery times and poorer outcomes than the more typical low sprain injuries.

Causes

High ankle sprains occur from rotational injuries, much like ankle fractures. They are common in sports, especially impact sports. An external rotation, when the foot is turned towards the outside with respect to

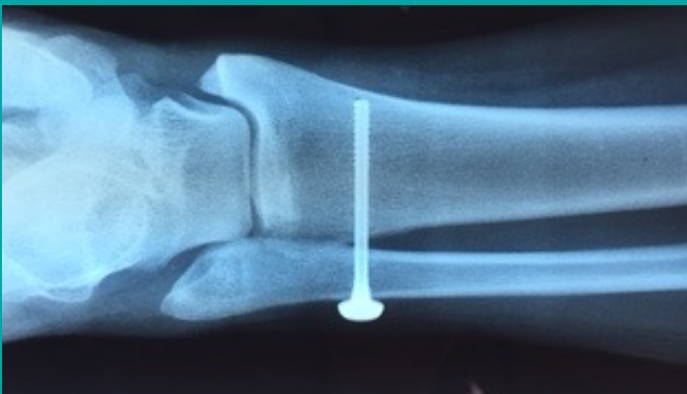
the leg, most commonly causes these tears.

Treatment

Screw Fixation

Surgery for a syndesmosis injury is designed to reduce the separation between the tibia and fibula. If there are no barriers keeping the tibia and fibula apart, the surgeon may simply need to place screws through the two bones to hold them together while the ligaments heal.

A secondary procedure will occur 4-6 weeks after primary surgery. In this procedure the screw will be removed and replaced with a Loop it, which will remain insitu long term.



Tib/Fib Stabilisation using 4mm Screw

What happens after the procedure?

Post-surgery you can weightbear immediately, as tolerated using a Boot. This will stabilize the ankle joint during the rehabilitation period. You will be required to wear this for 4 weeks post operatively. Try to elevate your leg 4 hours for the first 4 days and intermittently ice the area (your boot can be taken off to do this)

You will likely be examined at 2 week, 4 weeks, 6 weeks, and 12 weeks post operatively. Keep your dressing intact until your initial examination 2 weeks following surgery. Ankle strengthening with a physiotherapist should commence 4 weeks post operatively, however your surgeon will confirm this at your 4-week appointment.



Potential Complications

There are complications related to all surgical procedures. These include the risks associated with anaesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.



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