Clinical Research on Foot & Ankle

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Endoscopic Spring Ligament Repair: Classification and Surgical Technique

and, when symptoms persist despite adequate medical treatment, tendoscopy and eventual repair is indicated. e objective of this paper is to describe an endoscopic surgical technique and a classi cation for

B2 - More than 5 mm with clear access to the talonavicular joint (Figure 5D).

Type C - Complete rupture or no ligament to repair (Figure 5E).

Treatment of choice

If no lesions are seen or there is a frayed ligament (Type A), a SL debridement and tibialis posterior tendon synovectomy are enough. If

Vascularization of the tendon is usually a sign of tendon injury and should be searched for.

Once the tibialis posterior tendon is identi ed, using the probe to move and maintain the tendon plantar or medial may be useful for a clearer view of the spring ligament and also to be able to place the scope between PTT and the medial malleolus.

Care should be taken when placing the suture passer. e needle must always be directed into the tendons sheath, avoiding the talus head to prevent breakage of the tip.

Avoid tangles inside the spring ligament´s lesion when passing the sutures through the proximal stump.

Move the toes once the tendon is identi ed to make sure that the scope is not placed inside the exor digitorum longus sheath.

On the other hand, we could not perform a bio mechanical testing of