



# Modified Broström-Gould Procedure with a Fully Threaded Suture Anchor

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## INTRODUCTION

A 62-year-old female patient presented in my office with lateral ankle instability, syndesmosis injury, and peroneus brevis tendon tear.

The patient had exhausted all conservative measures and elected to undergo surgical intervention after the procedure's risks and benefits were explained.

## PROCEDURE

Attention was directed to the right lower extremity. Standard anteromedial and anterolateral ankle scope portals were created. Good visualization of the tibiotalar joint was observed, with notable synovitic changes throughout the entirety of the ankle joint.

An ankle arthroscopy shaver was used to debride tissue to healthy soft tissue margins. Once completed, a probe was used to evaluate the tibiotalar joint's articular surfaces, which were noted to be intact with mild areas of little cartilage loss.

The syndesmosis was then stressed arthroscopically with direct visualization indicating laxity and gapping. The ankle arthroscopy system was removed, and the scope portals were closed.

The patient was then shifted to a supine position.

A linear incision was created along the distal course of the fibula and carried anteriorly onto the dorsolateral aspect of the foot at the level of the talofibular ligament.

Anatomic dissection through the soft tissue planes to the level of the fibular periosteum, as well as the anterolateral ankle joint capsule, was performed. The extensor retinacular layer was tagged to be repaired later.

The dissection was deepened to the level of the peroneal tendon sheath, which was linearly incised to obtain good visualization of the peroneus brevis where full-thickness longitudinal tearing was noted.

The tendon was isolated and

repaired using a running Monocryl suture technique to retubularize the tendon at the level of its full-thickness tear.

Attention was then directed to the fibula's distal aspect, where a cuff of tissue was created at the anterior talofibular ligament level.

Due to the ligament's injured nature in this region, an In2Bones Hercules Fully Threaded Suture Anchor was utilized.

Using the supplied sterile instrumentation, the pilot hole was drilled and tapped in the anterior distal aspect of the fibula to prepare for the insertion of the fully threaded suture anchor.

The anchor was then inserted until flush with the bone and used to repair the anterior talofibular ligament to the anterior distal aspect of the fibula (**Figures 1 & 2**).



Figure 1. Anchor insertion



Figure 2. Completed repair

Once completed, the remaining joint capsule at this level was repaired using a pants-over-vest suture technique, followed by an over-and-over technique to bring the extensor retinacular layer up to the distal fibular soft-tissue cuff.

At this point, a four-hole tubular plate was placed at the level of the syndesmosis, with the position verified

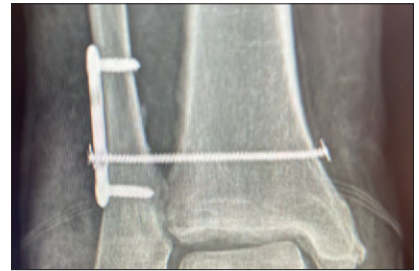


Figure 3. One-week post-op X-ray

using intraoperative fluoroscopy and noted to be in the appropriate positions in the AP and lateral views.

Locking crews were placed in the distal and proximal holes. The foot was placed in a neutral position, and the syndesmosis was repaired with four cortical fixation. Placement was verified under fluoroscopy.

The right lower extremity was irrigated and closed in anatomic layers in the standard fashion.

## POST-OPERATIVE COURSE

The patient returned at one-week post-op for suture removal, and X-rays were captured (**Figure 3**).

The patient will continue to be casted non-weight-bearing for three weeks, transitioning to weight-bearing in a boot with physical therapy at four-weeks post-op.

At seven-weeks post-op, the patient will wean out of the boot with continued physical therapy.

## DISCUSSION

The In2Bones Hercules Suture Anchor System features fully threaded and knotless suture anchor configurations in a wide range of sizes for soft tissue fixation applications.

All suture anchors feature BightForce™ Suture, a proprietary ultra-high molecular weight polyethylene material that allows for an extremely strong and durable suture.

When paired with the Hercules Suture Anchor System, BightForce Suture is designed to enable the flexibility to produce a durable construct in each application confidently.