Trimalleolar ankle fracture: What went wrong!

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- 49-year-old man
- Twisting injury
- Smokes half a pack a day
- Drinks alcohol occasionally

- Swelling
- Closed injury
- NV intact
Posterior Malleolar Fractures

- Indications for fixation
  - >25% of articular surface
  - Persistent posterior subluxation of talus
  - Failure to reduce with reduction of fibula
- Presence of posterior malleolar fracture = increased risk of post-traumatic OA

Subjects with dynamic fixation:
- Better clinical outcomes
- Less implant failure in the screw group (36.1% vs. 0%)
- Less loss of reduction

J Orthop Trauma • Volume 29, Number 5, May 2015
A Prospective Randomized Multicenter Trial Comparing Clinical Outcomes of Patients Treated Surgically With a Static or Dynamic Implant for Acute Ankle Syndesmosis Rupture
Melissa Luff, MD,* Daniel L. Perko, MD, J Lee Bledsoe, MD, Michel P. J. van der Horst, MD, Mark Glassbrook, MD, and Stephanie Pellec, MD, PhD, FRANZCO
- Patient is seen 7-8 weeks following surgery
- First postoperative visit
- Ankle is in valgus

Don’t forget to focus on the fibula!
Fibula Shaft Fracture

- Plate long enough
- Plate strong enough
- Plate in correct position
- Fracture reduced: Length, rotation, angulation
- Syndesmosis reduction
- More fixation is better in the unreliable patient!

- There are no clinical or biochemical signs of infection.
- The patient has been significantly noncompliant
Thank you