Purpose

Despite the high frequency of ankle sprains, there is no consensus on whether or not to repair the deltoid ligament. Repair is indicated in the presence of a significant functional loss and an unstable ankle.

Technique

A 2.7 mm K-wire is inserted, the osteotomy is made, and a 15° wedge is removed. The deltoid ligament is repaired using a bioabsorbable anchor. A 3.5 K-wire is inserted for additional stability.

Analysis/Discussion

The results of this technique show a high rate of success and patient satisfaction. Further studies are needed to determine the long-term outcomes of this procedure.

References