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Concomitant Arthroscopic Procedures During Collateral Ligament Surgery in the Ankle - Current Trends in the United States

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Summary:

The current analysis revealed that 53.0% of patients receiving operative treatment for collateral ankle ligament surgery also had concomitant arthroscopic procedures.

Abstract:

Introduction

Ankle ligament injury has the potential to lead to concomitant joint disorders. Therefore, concomitant arthroscopic evaluation of the ankle joint along side the treatment for collateral ligament insufficiency has been recommended. However, there is presently no information regarding the rate of such concomitant arthroscopic procedures. The purpose of this study was to investigate the rate and trends associated with concomitant arthroscopic surgery during collateral ligament procedures in the ankle.

Methods

The PearlDriver Patient Record Database was used to review de-identified patient insurance record information between 2005-2011. Current Procedural Terminology (CPT) codes were searched for operative treatment of ankle collateral ligament procedure [27695 (repair of lateral or medial collateral ligament) and 27968 (reconstruction of collateral ligament)] and concomitant ankle arthroscopic procedures [29895 (arthroscopic synovectomy), 29897, 29898, 29894 and 29904 (arthroscopic debridement), and 29891 and 29892 (arthroscopic microfracture)]. Subsequently, these data of collateral ankle ligament procedures and concomitant arthroscopic procedures were analyzed. Annual trends were expressed between 2007-2011, as it was the common time period between both databases.

Results

A total of 20,007 patients were treated with collateral ankle ligament procedures from 2005 to 2011, with 10,610 (53.0%) of those patients receiving concomitant arthroscopy. Of these 10,610 patients, 3,450 (32.5%) received arthroscopic synovectomy, 5,957 (56.1%) underwent arthroscopic debridement and 1,203 (11.3%) had arthroscopic microfracture, respectively. Between the years of 2007 of 2011, there was a 37.2% increase in number of collateral ankle ligament procedures performed and a 74% increase in the number of concomitant arthroscopies performed (P<.0001). Concomitant arthroscopic procedures were performed significantly more frequently when ligament repair was performed by comparison to ligament reconstruction procedures (odds ratio; 2.06, 95%CI: 1.94-2.18).

Conclusion

The current analysis revealed that 53.0% of patients receiving operative treatment for collateral ankle ligament surgery also had concomitant arthroscopic procedures. This is consistent with current literature; several studies indicate that over 50% of cases with chronic collateral ankle ligament insufficiency also have some form of concomitant joint pathology. Therefore, further studies are needed to investigate the outcomes in patients who do



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and do not undergo concomitant ankle arthroscopy at time of collateral ligament surgery.