INTRODUCTION

The ankle joint is a complex joint consisting of functional articulation between the tibia and fibula, tibia and talus and the fibula and talus each supported by a group of ligaments. The mechanical behavior of which in combination with the foot is an integral part of the function of the entire lower limb during ambulating.

For normal daily activities 10° of ankle dorsiflexion is essential planter flexion follow dorsiflexion and exceeds it by an average of 5°.

Arthroscopy has become a widely used procedure for the diagnosis and treatment of the joints. Arthroscopy of the ankle is a relatively new procedure (43).

The indications for arthroscopy of the ankle include removal of loose bodies impingement and the osseous impingement, arthrofibrosis, intraarticular fracture, synovitis, osteophytes and osteochondral defects (97). Injuries of soft tissue and the articular cartilage (90)(86).

Arthroscopy of the ankle offers the surgeon and patient the advantage of minimal dissection and faster rehabilitation. However, the close proximity of neurovascular structures and size constraints of the joint demand close attention in details (43).

Complications of ankle arthroscopy are the same as for other arthroscopic procedures, including infection, instrument breakage, iatrogenic scuffing of articular surface, tourniquet problem, and neurovascular injures (98). Careful preoperative planning, acknowledge of surface anatomy, and use of appropriate distraction and instrumentation techniques help to avoid these complications. Most arthroscopic complications can be avoided if the surgeon becomes thoroughly familiar with the anatomy of the region (85).