

# SUBTALAR ARTHROSCOPY

SEARCH

## WHAT IS SUBTALAR ARTHROSCOPY?

The subtalar joint is located just below the ankle joint between the talus bone and the calcaneus (heel) bone. The main job of the subtalar joint is to allow for side-to-side movement of the foot and ankle. This movement aids in walking, especially on uneven surfaces.

When there is a problem in the subtalar joint, the location of pain is described as being deep. The exact location may be hard to describe. Pain



may be felt in the soft spot on the outside of the ankle or in a horseshoe distribution behind and below the ankle.

Another common area for patients to have subtalar joint pain is the back of the ankle in front of the Achilles tendon. Pain in this area may be seen in athletes who point their toes frequently, such as dancers and gymnasts. In addition, there is a bone in this area called the **os trigonum** that can be injured. When this bone injury does not heal properly, it can become painful and may need surgery.

The back of the ankle and subtalar joint has ligaments that can be torn with injury. If the ligaments heal with thick scar tissue irritation and stiffness may result.

Subtalar arthroscopy treats problems of the subtalar joint in a less invasive way, using small cuts to insert a camera and surgical tools. Conditions that can be treated this way include painful scar tissue and bone injuries. Arthroscopy helps to minimize pain, swelling, and disability after surgery.

## Diagnosis

Subtalar joint pain may occur after severe sprains or twisting injuries. If non-surgical treatments like physical therapy, icing, anti-inflammatory drugs, and bracing do not help, your **foot and ankle orthopaedic surgeon** may recommend arthroscopic surgery. Subtalar arthroscopy treats pain by cleaning the joint of loose bone and cartilage and treating cartilage injuries. It also can be used to treat fractures of the talus or calcaneus. **Subtalar joint fusion** also can be done arthroscopically.

Patients with severe subtalar joint problems may not be suited for subtalar joint arthroscopy because they require larger incisions. Other reasons to avoid arthroscopy include active infections, poor leg circulation, and medical conditions like uncontrolled diabetes.

## Treatment

Subtalar arthroscopy does not usually require a hospital stay. General anesthesia and/or a nerve block may be used for pain control.

### Specific Technique

The patient is placed on their back, side, or stomach. Two or three small incisions are made through the patient's skin. Through these portals the surgeon inserts the camera and instruments into the joint to view and treat the problem.

With the camera in the joint, fluid is flushed into the joint. This fluid helps in performing surgery. Special tools like motorized shavers, biters and graspers are used to treat the subtalar joint problem.

When surgery is complete, the portals are stitched closed. The patient's leg is put a plaster splint or removable boot. This immobilizes the joint, and decreases both pain and swelling after surgery.

## Recovery

The splint is left on for 7-14 days. Depending on the specific treatment, your ability to bear weight may be restricted for a few weeks. This often is the case if a joint fusion or cartilage repair was performed.

For arthroscopy that involve soft tissue or bone removal, you may be allowed to bear weight early. Over the next several weeks, your activities will be advanced.

All of these methods can help you get back to a normal level of activity after surgery. It may take 6-12 months for you to fully improve after surgery and return to your previous level of activities with less pain.

## Risks and Complications

All surgeries come with possible complications, including the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

Potential complications after subtalar joint arthroscopy are rare. Possible post-surgical complications may include infection, wound healing problems or injuries to nerves or blood vessels in the skin. Although rare, the most commonly seen problem after surgery is an injury to the skin's nerves at one of the incisions. These nerve injuries may cause numbness, tingling or sharp stabbing pains that travel along the foot. For most patients, these nerve problems get better with time, scar massage and medicines.

## FAQs

### **If my surgeon removes scarred ligaments and other tissue from the subtalar joint, will this make my ankle and foot more unstable?**

The tissue that is being removed from the subtalar joint has been torn and healed in an abnormal and often thickened way. By removing the abnormal tissue, the joint will be less irritated. There are other supporting ligaments around the subtalar joint that are left alone during the surgery, so the joint will not be left unstable.

### **Is arthroscopic surgery always less invasive?**

In most cases, the answer is yes. Your surgeon may choose to do an open procedure with larger incisions depending on the type of problem you have. This may be a better way to treat the problem than with arthroscopy.

## Who should perform arthroscopy of the subtalar joint?

Subtalar arthroscopy is not as common as arthroscopy of the knee or shoulder. The subtalar joint is a much smaller joint. The surgery requires special tools and surgical training and experience to be done well. You should ask questions of your surgeon and make sure that he or she has enough experience and training to perform arthroscopic surgery of the subtalar joint.

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