Disadvantages of open gastrocnemius recession are well documented, Phisitkul evaluated EGR in 320 patients finding minimal morbidity in • structures at risk during cannula placement and subsequent endoscopic gastrocnemius recession was recorded. (Figures 4 & 5). Location of the neurovascular bundle in relation endoscopic portal site to sural nerve and small saphenous vein were 10 fresh frozen cadaveric adult lower limbs were used. Each author (8,9) • injury, wound dehiscence, infection, and scar pain (7) • Most recently, Brandão published a systematic review looking at EGR outcomes and complications in 697 limbs; sural injury was reported 3.0% (8,9).

METHODS

Average distance from medial portal to the sural nerve had a mean distance of 4.71cm (SD ±0.30). Overall range was 3.1cm to 6.0cm. 95% CI [4.02, 5.39].

Average distance from medial portal to the small saphenous vein had a mean distance of 0.6cm (SD ±0.33). Overall range was 2.5cm to 5.0cm. 95% CI [3.31, 4.81].

Incidence of injury to the sural nerve and small saphenous vein were both 0%. NW bundle was noted to lie superficial to the deep fascia of the posterior compartment in 100% of specimens.

LITERATURE REVIEW