

Total Ankle Replacement

Cornwall Foot and Ankle



Patient Information on Ankle Replacement

What is an ankle replacement?

Total ankle replacement is an operation, in which the joint surfaces of the ankle are removed in order to resurface the ankle joint. This is an open operation and is designed to reduce pain from the ankle whilst preserving the movement present before the operation.

Why do I need an ankle replacement?

Ankle replacements are performed for patients who have significantly painful arthritis of the ankle joint, without loss of movement. This may be a condition that has arisen on its own, or after an ankle injury or may be related to other conditions such as rheumatoid arthritis or psoriasis. Surgery is recommended for patients with severe ankle pain related to arthritis, who have lower demand or may have significant stiffness elsewhere in the foot or previous foot fusions.

What if I have nothing done, what will happen?

Ankle arthritis generally follows a pattern similar to arthritis in other joints such as the hip and knee. Gradually the ankle pain worsens and the joint becomes more stiff. Injections can help but the benefit is often temporary and repeated injections become less effective.

Who can have an ankle replacement?

Ankle replacement is generally suitable for older patients without major deformities or those with rheumatoid arthritis with poor mobility.

Ankle replacement is not suitable for:

- Young Patients (under 45) or very active patients
- Severe foot deformity
- Severe ankle deformity
- Ankles with previous infection
- Collapse of the talus (ankle bone)
- Very soft bone

How is the surgery done?

Ankle replacement is always performed as an open technique. After the joint surfaces are removed, they are replaced by metal surfaces and a plastic mobile bearing or insert is placed between the two.

Key Points

1 Ankle pain is significantly reduced but not eliminated. Some pain may persist from other joints.

2 Joint movement is not restored to normal. Ankle replacement tends only to maintain what is already present

3 It takes several months for post surgical symptoms such as swelling to settle down.



How long am I in hospital for?

Most people come into hospital on the day of surgery , having had a medical assessment about 2-4 weeks beforehand. On the day of surgery, the majority of patients have nerve blocks, which makes their leg almost completely numb and comfortable. The day after surgery, when you are able to the physiotherapist will get you out of bed and start mobilizing. This means that most patients leave hospital within 1-2 days of surgery and are able to walk out of hospital using crutches and touching the operated-on foot to the ground for balance.

What happens when I leave hospital?

After leaving hospital you will have a temporary plaster. At home, you will need to rest and elevate the foot. The hospital will prescribe you painkillers to be taken if necessary and we may recommend a daily injection to help reduce the risk of deep venous thrombosis.

When will I be seen in clinic?

You will normally be seen at 2 weeks after surgery to check wounds and change your plaster. At this stage you may start walking on the foot as comfort allows. You are then seen at 6 weeks for an x-ray. At 6 weeks, your plaster may be replaced with an ankle brace, which is to be worn for the next 6 weeks and then is gradually removed as confidence allows.

Recovery

Recovery is progressive with an initial swift improvement in pain, stiffness and swelling in the first 12 weeks. The remainder of the recovery and the strengthening of the leg gradually occurs over twelve months.

How long do I need off work?

Most patients will require 4 months off work and sometimes 6 months. Patients that have predominantly seated work may be able to return after 6 weeks. It may take up to one year to feel the full benefit from the surgery.

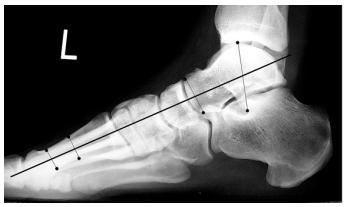
When can I drive?

You will not be insured to drive until you are out of your plaster or walker boot. Patients with surgery to the left foot could drive an automatic after a few weeks.

Can I play sport?

Gentle exercise, and jogging may be possible. Rough ground may be difficult and it is rare and inadvisable to be able to be play vigorous sports. For Golfers, 1/3 will not play golf, 1/3 will play but need to wear the brace and 1/3 will go back to golf as before.

Problems after Ankle Replacement



General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a risk of deep vein thrombosis and we advise a daily injection to help reduce this risk, in accordance with the guidlelines issued by the British Foot and Ankle Society.



Specific Risks and Complications

The most important potential problem is infection and this affects less than 1 in 100 patients. This complication could require further surgery ranging from washout to revision of the ankle replacement, possibly to a fusion.

5-10 in 100 fusions may develop an ankle fracture during surgery or subsequently that is generally straightforward to deal with

Ankle Replacements are relatively new and an ankle replacement, just like any joint replacement may wear out over time or become loose. (85-90% will be in place after 10 years). Loosening may occur earlier in younger or more active patients.

It is common to experience some lesser pain after a total ankle replacement. This pain may come from the ankle or other joints in the foot.

The scar for ankle replacement surgery is at the front of the ankle and it is not uncommon for this scar to be fairly numb because of its proximity to some nerves. More serious nerve injury to the other nerves around the foot and ankle is rare.



Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretary to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

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