

## HOW SOON CAN I:

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### **Walk on the foot?**

As explained above, you should not walk on the foot for at least 2 weeks after surgery. Your surgeon or nurse will advise you when you can start taking some weight on the foot. When you start putting weight on your foot we will give you a special shoe that you can wear over your plaster.

### **Go back to work?**

If your foot is comfortable, and you can keep your foot up and work with your foot in a special shoe, you can go back to work within 3-4 weeks of surgery. On the other hand, in a manual job with a lot of dirt or dust around and a lot of pressure on your foot, you may need to take anything up to six months off work. How long you are off will depend on where your job fits between these two extremes.

### **Drive?**

If you have only your left foot operated on and have an automatic car you can drive within a few weeks of the operation, when your foot is comfortable enough and you can bear weight through it. The DVLA advise that the patient must be able to decide when they are safe to drive.

### **Play sport?**

After your plaster is removed you can start exercising. Start with walking or cycling, building up to more vigorous exercise as comfort and flexibility permit. Obviously, the ankle will be stiffer after surgery and you may not be able to do all you could before. However, many people find that because the ankle is more comfortable than before surgery they can do more than they could before the operation. Most people can walk a reasonable distance on the flat, slopes and stairs, drive and cycle. Walking on rough ground is more difficult after an ankle fusion. It is also rare to be able to play vigorous sports such as squash or football after an ankle fusion.

## WHAT ARE THE RISKS?

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The most serious thing that can go wrong is infection in the bones of the ankle. This happens in less than 1% of people, but if it does it is serious, as further surgery to drain and remove the infected bone and any infected screws or pins will be necessary. You may then need yet more surgery to get the ankle to fuse in a satisfactory position. Minor infections in the wounds are slightly more common and normally settle after a short course of antibiotics.

About 2-5% of ankle fusions does not heal properly and need a further operation to get the bones to fuse - basically another ankle fusion. Smoking increases this risk. Research shows that 5% of ankle fusions do not heal in exactly the position intended, either because the position achieved at surgery was not exactly right or because the bones have shifted slightly in plaster. Usually this does not cause any problem, although the foot may not look "quite right". Occasionally the position is a problem and further surgery is required to correct it.

Sometimes the screws become loose as the bone heals and cause pain or irritate your skin. If this happens they can be removed.

Please do not hesitate to ask your surgeon about any aspect of this operation.



Ankle Fusion  
(Arthrodesis)

Copyright 2007  
Sport and Orthopaedic Clinic Limited  
BUPA Hospital Bristol  
3 Redland Hill  
Bristol, BS6 6UT  
UK  
Phone 0044 (0)117 3171790  
Fax 0044 (0)117 973 8678

# ANKLE FUSION (ARTHRODESIS)

## INTRODUCTION

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This is an operation to "fuse" or stiffen the ankle joint. Ankle fusions are done for two main reasons:

1. **Arthritis of the joint. Osteoarthritis of the ankle is a wearing out of the joint lining often as a result of a previous injury. It can also happen spontaneously for no apparent reason. Rheumatoid arthritis is a generalised inflammation of many joints in the body which can cause ankle pain.**
2. **Severe deformity of the rear part of the foot, such as a flat foot, high-arched or "cavus" foot, a club foot or other deformity, in which the ankle joint is also deformed, unstable or damaged.**

## WHAT ARE THE ALTERNATIVES?

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We are sometimes asked if a fusion can be changed to an ankle replacement later. This is not possible, as the foot becomes too stiff for an ankle replacement to work. Before considering fusion your surgeon will offer to inject local anaesthetic and steroid into the joints to see whether this helps the pain. In some people, this gets rid of the pain and surgery is not necessary. In others, pain relief does not last but the result of the injection helps us to decide which joints to fuse.

## HOW IS IT DONE?

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Ankle fusion in this hospital is nearly always performed by an arthroscopic (telescope) technique with the patient asleep. This involves inserting a

telescope into the ankle and by using specialised instruments we can remove the joint surface to allow the two bones to heal together. The bones are held rigidly by two screws inserted from the inner aspect of the leg just above the ankle joint. The operation will involve therefore only 4 small cuts of approximately 1cm around the ankle.



X ray showing ankle fused

Some people who have foot deformities have a tight Achilles tendon ("heel cord"), or weak muscles, or both. The Achilles tendon may be lengthened during surgery by making three small cuts in the calf and stretching the tendon.

Most people who are reasonably fit can come into hospital on the day of surgery, having had a medical checkup 2-3 weeks beforehand. After surgery your foot may swell and if this happens you will have to rest with your foot raised to help the swelling to go down. This may take two days or more to resolve. Once the swelling goes down and the wounds are clean you will be put in plaster and you can get up with crutches and go home. The physiotherapist will teach you how to walk with crutches. We will get you up as soon as possible! Most people are in hospital for 2 days. You will need to wear a plaster or brace from your knee to your toes until the ankle has fused - usually 3-4 months.

## WHAT ABOUT THE ANAESTHETIC?

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The operation is usually done under general anaesthetic (asleep). Alternatively, an injection in the back can be done to make the legs numb while

you remain awake (spinal anaesthetic). These do not always work and in that case you may have to go to sleep if the operation is to be done. Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be used while you are asleep to reduce the pain experienced after the operation. You will also be given pain-killing tablets as required after the operation.

## WHAT SHOULD I DO AFTER I GO HOME?

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By the time you go home you will have mastered walking on crutches without putting weight on your foot. You should go around like this for 2 weeks. For the first 2-4 weeks it is very important to keep your leg elevated as much as possible to help reduce swelling and allow the wounds to heal. Walk only for essential purposes, do not stand immobile for more than a few minutes and elevate the leg whenever sitting. You should not smoke as this increases the risks of infection and non-union.

Ten to fourteen days after your operation you will be seen again in the clinic. Your plaster will be removed and the cuts and swelling on your foot checked. If all is well you will be put back in plaster or a brace. You should continue walking with your crutches but at this stage you can begin putting a little weight through your foot, mainly to help you balance.

About 6 weeks after your operation you will come back to the clinic and the plaster will be changed for a new one or a brace applied. Most often at this stage you will be advised to begin putting all of your weight on the leg. You will have X-rays once 3 months have elapsed. If the X-rays show that the joint is fused enough to take your weight, the plaster will be removed and you can start walking without it. Some people need to stay in plaster longer than 3 months.