

### **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 2-3 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. Most people prefer to wait till the plaster is removed and they can wear a shoe.

### **Play sport?**

After your plaster is removed you can start taking increasing exercise. Gentle walking, cycling or swimming are all good exercises both for your heart and the ankle replacement. Vigorous or impact type exercise such as running, football or squash should not be done at any stage after an ankle replacement. If you wish to do this type of exercise then you should not have an ankle replacement.

### **WHAT ARE THE RISKS?**

---

The most serious thing that can go wrong is infection in the ankle. This only happens in less than 1% of people, but if it does it is serious, as further surgery to drain and remove the infected replacement will be necessary. You may then need yet more surgery to fuse the ankle (stiffen it completely). After an infection it is very unlikely another replacement would be offered.

Ankle replacements are not yet as reliable as hip or knee replacements. We know approximately 85-90% of ankle replacements will still be in place 10 years after surgery. If the ankle does wear out, become loose or "fail" then it will be removed and probably changed to a fusion. Second time ankle replacements

are very rare unless there is a specific problem that can be fixed. This is because there is a limited amount of bone in the ankle joint (unlike hip and knee) and so often there is little bone left to fit the ankle replacement. Unfortunately some ankle replacements will loosen early (within 1-2 years) and require surgery sooner rather than later.

The incision used for ankle replacement is close to several nerves in the foot, which can be stretched or occasionally permanently damaged leading to some numbness on the foot. Occasionally there is pain associated with this damage that does not settle with time.

It is common to experience some ongoing less severe pain after ankle replacement. This is because arthritis often affects several joints in the foot and the ankle replacement is only designed to replace one of them. Usually the pain is much improved but further surgery may be required to treat the other joints.

After ankle replacement it is unusual to regain any more movement than was present beforehand as this is determined by ligaments and tendons which are not replaced.

Ankle replacement is a major operation and there is a risk of DVT (deep vein thrombosis) and or PE (pulmonary embolism) due to blood clots. We do everything to minimise these risks but they occur in a very small percentage of patients and can be serious.

Copyright 2007

Sport and Orthopaedic Clinic Limited  
BUPA Hospital Bristol  
3 Redland Hill  
Bristol, BS6 6UT  
UK  
Phone 0044 (0)117 3171796  
Fax 0044 (0)117 973 8678



Total Ankle  
Replacement

# TOTAL ANKLE REPLACEMENT

## INTRODUCTION

Ankle replacement is undertaken following extensive assessment on the advice of your Orthopaedic and Trauma Surgeon. It is performed to treat the pain of different types of arthritis that cannot be controlled by simple measures such as painkillers, shoe inserts, physiotherapy or a walking stick.

Osteoarthritis of the ankle is a wearing out of the joint lining usually 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.

At present ankle replacement has only limited indications. There are certain circumstances when it would not be advised because of a high failure rate. It would not be suitable if:

- you are young (usually under 50) or very physically active.
- you have a severe foot deformity.
- your ankle is very unstable.
- you have had infection in the ankle or the bones around it.
- the bone under the ankle (the talus) has collapsed.

In these situations a fusion would be advised instead.

Your surgeon may first advise an injection of local anaesthetic or steroid into damaged joints, before any surgery is considered. This is 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.

## WHAT DOES THE OPERATION INVOLVE?

Ankle replacement is performed through an incision approximately 15cm (6 inches) long over the front of the ankle. The worn out joint surfaces are cut away and replaced with two pieces of metal with a piece of hard plastic between them that allows the joint to move freely. The operation takes between 60 and 90 minutes. Sometimes other operations are required at the same time such as heel cord lengthening to allow full movement and this will mean three extra very small cuts at the back of the ankle.



## CAN IT BE DONE AS A DAY CASE?

No. Most people who are reasonably fit can come into hospital on the day of surgery, having had a medical check-up 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 anything from 2 days to a week. Once the swelling goes down and the wounds are clean you will be put in plaster or a brace 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 2-3 days.

## WHAT ABOUT THE ANAESTHETIC?

The operation is usually done under general anaesthetic (asleep). Your anaesthetist will advise you about the best choice of anaesthetic for you.

In addition, local anaesthetic may be injected into your leg while you are asleep to reduce the pain after the operation even if you go to sleep for the surgery. You will also be given pain-killing tablets as required.

## WILL I HAVE A PLASTER ON AFTER?

You will need to wear a plaster or brace until the cuts in the bones around the ankle have healed. This will be approximately 6 weeks.

## WHAT SHOULD I DO AFTER I GO HOME?

By the time you go home you will have mastered walking on crutches putting part of your 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.

10-14 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 into a brace. You should continue walking with your crutches but at this stage you can begin putting more weight through your foot.

About 6 weeks after your operation you will come back to the clinic and the brace will be removed and an x-ray performed. If all is satisfactory you will now be able to walk on your ankle without plaster or crutches. You will be referred for physiotherapy to help get the ankle moving.

## HOW SOON CAN I:

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

As explained above, you should walk on the foot only partially for at least 2 weeks after surgery.