

## What is ankle arthritis?

Ankle arthritis is a process of wear and tear involving the ankle joint. It is most commonly a consequence of a previous ankle injury or fracture. Patients with rheumatoid disease can also suffer arthritis in the ankle joint. Patients usually complain of pain around the joint, which becomes worse with walking, along with stiffness, recurrent swelling and a sense of giving way. The diagnosis is made by clinical examination and x-rays.



## What is an ankle joint replacement and why is it being done?

Ankle joint replacement is an operation performed to replace a worn out ankle joint. Ankle replacements are performed to treat arthritis, which causes pain in the ankle that cannot be controlled by simple measures such as painkillers, shoe inserts, physiotherapy or a walking stick. Currently, ankle replacements have limited indications. There are certain circumstances when an ankle joint replacement would not be advised because of a high failure rate. In these situations, a fusion would be advised instead.

## What does the operation involve?

Ankle joint replacement is performed through an incision approximately 15 cm (6 inches) long over the front of the ankle. The worn out joint surfaces are cut away and replaced with 2 pieces of metal, with a piece of hard plastic between them that allows the joint to move freely. Sometimes other operations are required at the same time, such as Achilles tendon (heel cord) lengthening to allow full movement of the ankle joint and this would mean a further incision at the back of the ankle.

## Will I have to go to sleep (general anaesthetic)?

The operation is usually done under a general anaesthetic (asleep). 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 painkillers as required.

## How long would I be in hospital?

Most people who are reasonably fit can come into hospital on the day of surgery, having had a medical check up (pre-admission appointment) 2 - 6 weeks beforehand. Most people are in hospital for 1 - 2 nights.

## Will I have a plaster cast on afterwards?

You will need to wear a plaster cast from your knee to your toes until the cuts in the bones around the ankle have healed. This will be approximately 6 weeks. The physiotherapist will teach you how to walk with crutches.

## **What will happen after I go home?**

By the time you go home you will have been shown how to walk with crutches, keeping the weight off your foot. You should use the crutches 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 you are sitting.

You can get up with the aid of crutches. Approximately 10 days - 2 weeks after your operation you will be seen in the clinic by a nurse. Your plaster cast will be removed and the wounds and swelling on your foot checked. If all is well, you will be put back in plaster or moonboot. You should continue walking with your crutches, but you can begin putting more weight through your foot.

About 6 weeks after your operation you will return to the clinic, the plaster will be removed and an x-ray taken. If all is satisfactory you will now be able to walk on your ankle without a plaster cast, but you may be given a moonboot. You will be referred for physiotherapy to help mobilise the ankle and wean you off using walking aids.

## **When can I return to work?**

If your foot is comfortable and if you can keep your foot elevated, you could go back within 3 - 4 weeks of surgery. 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 6 months off work. How long you are away from work will depend on where your job fits between these 2 extremes.

## **Appearance**

The replaced ankle is expected to be less swollen but may remain swollen for up to 1 year. There will be a visible scar on the front of the ankle from the incision.

## **Full Recovery**

The recovery of full ankle function may take up to 6 months, provided you followed the recommended physical therapy regimen. Most improvements are maximised by 6 months after surgery and residual swelling persists for 6 to 12 months.

## **Following an ankle joint replacement**

It is advised to avoid contact sports and repetitive impact activities that will accelerate the wear of the implant, as these can place too much strain on your ankle implant. Ask your consultant about the specific activities that might affect your new ankle.

**The next page contains very important information about the risks of having an ankle joint replacement. Please read through it carefully.**

## Risks of an Ankle Joint Replacement

- The most serious risk is infection in the ankle. This happens in 1 in 100 people, but, if it does occur it is serious. Further surgery to drain and remove the infected replacement will be necessary. You may then need more surgery to fuse the ankle (stiffen it completely). If infection occurs it is very unlikely that another replacement would be offered
- Ankle replacements are not yet as reliable as hip or knee replacements. We know that approximately 85 - 90 out of 100 ankle replacements will still be in place 10 years after surgery. If the ankle does wear out, becomes loose or "fails", then it will be removed and probably changed to an ankle joint fusion. Having a second ankle replacement is 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 in the hip and knee). Often there is not much bone available to fit the ankle replacement
- 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 of 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. In severe cases of arthritis with little ankle movement your surgeon may recommend an ankle joint fusion instead
- Ankle replacement is a major operation and there is a risk of developing blood clots in the legs (DVT – deep vein thrombosis) and/or in the lungs (a pulmonary embolism). We do everything to minimise these risks, but they occur in a very small percentage of patients and can be serious
- There are other less common risks that will be discussed with you before your operation that could be specific to you as an individual.

**For appointment enquiries, please phone the  
Waiting list office: 0131 242 3437**