RISKS OF SURGERY

Total ankle replacement is major surgery. Risks include infection, damage to nerves / blood vessels, wound healing problems, pain due to arthritis in nearby joints, swelling and blood clotting (Deep Vein Thrombosis / Pulmonary Embolism).

Further study is being undertaken into total ankle replacement.

Tayside OrthoSports

ANKLE JOINT REPLACEMENT

ORTHOSPORTS

INTRODUCTION

Ankle arthritis is much less common than hip or knee arthritis. It often arises as a consequence of an injury to the ankle or an inflammatory joint disease (such as Rheumatoid Arthritis). Just as in the knee and the hip, joint replacements are available. The total ankle replacement has developed much more recently than hip and knee replacement surgery. Not all patients with ankle arthritis are suited to total ankle replacement surgery. For those who are not candidates for total ankle replacement surgery, ankle fusion is the most suitable operation.

WHEN TO HAVE A TOTAL ANKLE REPLACEMENT SURGERY

Your surgeon will undertake a thorough history and physical examination of your ankle. This will be supplemented by X-ray and possibly CT scans of the region. After this and in consultation with you, your surgeon will discuss your treatment options. Those suitable for total ankle replacement should have a good range of movement, minimal deformity or collapse of the ankle joint. They must also be in good health and generally over 65 years of age. Those who are younger, heavier in weight, and very active will often place stresses on the total ankle replacement beyond it's capability to cope leading to early failure. These patients are best treated with an ankle fusion.

TOTAL ANKLE REPLACEMENT

The ankle joint consists of 2 components, the tibia (shin bone) and the talus. These form a bearing surface that the ankle replacement aims to replicate. The total ankle replacement consists of 3 components: the flat metal tibial component; a curved metal talar component and a plastic (polyethylene) component that sits in between, which glides and allows ankle movement.

BEFORE SURGERY

Your surgeon will undertake a number of tests to ensure that you are able to undergo surgery. You may require a prior meeting with the anaesthetist for further assessment. Anti-inflammatory medications such as Aspirin, Brufen, Voltaren etc, should be stopped 10 days before surgery. If you are taking any blood thinners, for example, Warfarin, Plavix, Iscover, stopping these should be discussed with your surgeon.

Tayside OrthoSports

SURGERY

Surgery takes up to 2 hours. This is undertaken under a general or spinal anaesthetic. A nerve block is often used to provide post-operative pain relief.

AFTER SURGERY

You will wake up with a splint on your leg and the next day this will be replaced with a CAM Walker Boot. The first day after surgery you will begin walking. You will initially be on a frame or crutches and will not be able to weight bear through the operated leg for at least the first 2 weeks after surgery. Your physiotherapist will assist you with mobility. Once you are mobile you will be able to go home from hospital.

After surgery you will require blood thinners to lessen the risk of blood clots. Initially this will be a daily injection followed by a daily tablet, either Warfarin or Aspirin. Most patients will go home after 2 days in hospital. You will remain in the boot for 6 weeks.

PHYSIOTHERAPY

Gentle physiotherapy will begin after the first 2 weeks. At 6 weeks, when you come out of the boot, more intensive physiotherapy will begin.

It will take 6 to 12 months for swelling to improve as much as possible after your ankle surgery. After 3 to 4 months you will be able to resume low impact activities such as walking. High impact activities such as jogging are never allowed after total ankle replacements.