HOLLYWOOD ORTHOPAEDIC | GROUP

ANKLE ARTHRITIS – ARTHROPLASTY

Ankle arthritis is degeneration and eventual loss of the cartilage lining of the ankle joint. It leads to pain, swelling and stiffness (restricted movement) of the joint. It is commonly due to cartilage injury (trauma), but it can have other causes. Initial treatment is aimed at lessening the symptoms with activity modification (low impact), weight loss and even walking aids. Judicious use of anti-inflammatory medications, analgesics and orthoses can also be helpful. If these measures fail to control your symptoms, surgery is indicated. Ankle replacement is an effective way to control the pain due to ankle arthritis. It is an established procedure which is an alternative to an ankle fusion. It is not necessarily better for every patient and it does carry a higher risk of re-operation compared to ankle fusion.

The Surgery:

You will need to have a general anaesthetic. Antibiotics are administered intra-venously. The ankle joint is exposed through an incision at the front of the ankle. A jig is used to align the cutting block to the existing joint and enough bone is removed to allow implantation of the components of the ankle replacement. Additional steps are performed to ensure stability and movement. The 3 components are implanted and the ankle joint is closed in layers. X-ray is used to confirm accurate placement. The skin is closed and a cast is applied. The procedure takes approximately 60-90 minutes.

Post-Operatively:

You will have your foot elevated on 1-2 pillows to reduce swelling. The local anaesthetic will provide you with pain relief, but you may need to take medication for this as well. You will generally spend the night in hospital and you will be safe to ambulate on crutches as soon as you feel comfortable. You will be given intravenous antibiotics whilst in hospital. You will need to take medications for pain relief and for DVT prevention (Clexane injections or Aspirin) during your stay and upon discharge.. The cast and sutures are removed at 2 weeks. The cast needs to remain dry and intact until your follow-up. Below is an estimate of your recovery.

Activity	Timeframe (approximate)
No weight bearing in cast	0-6 wks
Walking with boot and crutches	6-12wks
Physiotherapy	From 6wks
Full Recovery	6 -12 mts

Type of Activity	Time-frame
Walking	6 weeks
Driving (right ankle)	3 months
Heavy Work	6 months
Sport	6-12 months

Risks of surgery

All surgical procedures carry some risk. Ankle replacement is a complex procedure. Most patients benefit from surgery. A small number of patients can be made worse. You should weigh up the benefits with the risks prior to electing to have surgery.

This is a list of some of the problems which can occur:

- Infection – minimised with antibiotics, elevation, keeping the dressing clean and dry
- Bleeding – usually just visible through the dressing and expected
- Wound healing problems – increased if smoking, diabetes, poor circulation
- Nerve injury – resulting in numbness or pins and needles, occasionally pain or muscle weakness
- Vascular injury – rarely significant, but rarely may require re-operation if the circulation is compromised
- Swelling – is normal and improves with time, but can persist past 12 months
- Stiffness – can persist or be worsened, may require further surgery
- Fracture – can occur during the surgery or even after surgery due to additional stresses on the surrounding bone
- Loosening – failure of the components to bond to your bone, this may require re-operation
- Component wear – resulting in cyst formation around the implant (osteolysis) which may require re-operation
- Pain – even with a successfully implanted ankle replacement, you may still have some persisting pain

- DVT/PE – clot in the deep veins of the leg or the lungs (increased if smoking or previous history)
- Anaesthetic complications – more likely if there are pre-existing medical disorders (heart, lung, kidney)
- Complex regional pain syndrome (CRPS) – nerve pain syndrome, risk reduced with Vitamin C 500mg daily for 40 days

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