

Total Ankle Replacement (TAR)

What is an ankle replacement?

Osteoarthritis occurs when the cartilage lining the ankle joint has worn down which causes severe pain. An ankle replacement involves removing the painful arthritic ankle joint and replacing it with a manufactured implant (prosthesis).

Why is it performed?

The primary reason for undergoing a TAR is for pain relief. Good relief of pain can be expected, and some (but not all) movement of the joint is preserved.

However, TAR is more complex when there is more than a minor deformity of the ankle and additional surgery may be required to re-align and balance the foot, either during the same operation or staged as a separate procedure. TAR is also not possible when there has been previous infection, neuromuscular disease, or skin problems. Approximately 1 in 5 ankle replacements wear out or loosen before 10 years. When this happens, the TAR often cannot be revised (unlike hip and knee replacements) and has to be converted to a fusion.

What does the operation involve?

You will be contacted by the pre-operative assessment clinic to assess your fitness for surgery. You will be given information regarding your surgery, and you will be able to ask questions. You will also be contacted by the therapy team to discuss how you will manage your daily activities following your surgery. This may be a face to face or telephone appointment.

Following your surgery, you will not be able to put any weight through your foot for the first 10-14 days. This is known as 'non-weight bearing (NWB).' You will need to hop with crutches or a frame depending on assessment by the therapy team. Prior to your operation, we recommend that you practice non-weight bearing mobility and think about your home set up to ensure you can manage when you go home. If you have stairs at home and cannot manage to hop, we recommend you consider staying downstairs when you first go home.

You will usually be discharged from hospital **within 24 hours**. If your consultant feels day case surgery is appropriate, this will be discussed with you during your appointment.

The operation is usually performed under a general anaesthetic, with a nerve block for pain relief. An incision is made over the front of the ankle through which the surgery is performed. If additional surgery is required at the same time, then this will involve further incisions. Your risk of developing a deep vein thrombosis will be assessed and prophylactic treatment will be given as required.

What about pain?

Whilst you are in hospital you will be monitored, and the nursing staff will give you pain relief as required and prescribed. You will be given pain relief medication to take home. You are encouraged to take your medication regularly. Advice regarding this will be given by the nursing staff before you leave hospital.

How long does recovery take?

A below knee temporary cast will be applied following the operation.

You will be seen in clinic approximately 10 to 14 days following your surgery. Your wound will be checked, and any stitches removed as required. A walker boot or full plaster will be applied, and you will be allowed to increase the amount of weight bearing. The walker boot or plaster is usually worn for approximately 6 weeks following surgery, but this may vary depending on any additional surgery performed at the same time as your TAR.

Swelling is quite common after foot and ankle surgery, and this is best managed by elevating the foot at regular intervals. You are advised to elevate the operated foot/ankle on a pillow every night and during the day on three separate occasions, e.g., 11am, 3pm and 6pm, for about one hour each time. These instructions should be followed for at least 2-3 weeks.

When can I return to work and driving?

Driving an automatic car is usually possible after 2-3 weeks with a left TAR, otherwise driving is not permitted for at least 6-8 weeks. You may return to an office-type job at 2-3 weeks but, if prolonged standing is required, 2-3 months' leave may be required. You are advised not to fly after surgery for at least 6 weeks (short haul) or 12 weeks (long haul).

What are the possible complications?

- Infection (in the wound or the joint replacement itself. The latter can be very serious and may require multiple operations and result in chronic infection).
- Wound healing problems (if serious may require plastic surgery).
- Excessive bleeding / blood vessel damage.
- Injury to a nerve.
- Deep vein thrombosis (clot in a vein).
- Pulmonary embolus (clot in the lungs).
- Stiffness (inadequate range of movement).
- Residual pain
- Collapse / deformity of the foot.
- Loosening or wear requiring revision surgery.

The above complications are rare but can occur.

Useful contact numbers

Orthopaedic pre assessment	0300 614 7778 / 7147
Arthroplasty Nurse Heatherwood	07789927177
Main Reception Treetops Heatherwood	0300 614 4159
Nurses Station Treetops Heatherwood	0300 614 4175
Physio/OT Office Treetops Heatherwood	0300 614 4178
Ward 1 Wexham Park	0300 615 3010 / 3012
Physio/OT ward office Wexham	0300 615 3329
Booking centre (appointments)	0300 614 7919 option 1

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
 Telephone: 0300 613 6530
 Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals
 Telephone: 0300 615 3365
 Email: fhft.palswexhampark@nhs.net

Frimley Park Hospital Portsmouth Road, Frimley, Surrey, GU16 7UJ	Heatherwood Hospital Brook Avenue, Ascot, Berkshire, SL5 7GB	Wexham Park Hospital Wexham Street, Slough, Berkshire, SL2 4HL
Hospital switchboard: 0300 614 5000		Website: www.fhft.nhs.uk

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