

## Ankle Arthrodesis

### What is ankle arthritis and how is it caused?

Osteoarthritis (“wear and tear arthritis”) is less common in the ankle than it is in the hip or knee. In the ankle it often occurs following a severe fracture, dislocation or ligament injury. Other causes of ankle arthritis include very high-arched (cavo-varus) feet, Rheumatoid arthritis or other “inflammatory” forms of arthritis, avascular necrosis (Osteonecrosis) or neuromuscular conditions.

### What are the symptoms?

Most people with ankle arthritis complain of one or more of the following:

- Pain and swelling, which are worse during or after weight-bearing activity
- Loss of movement/flexibility in the ankle
- Difficulty walking on stairs and inclines

### What treatments are available?

Non-operative measures, which are often effective, include weight loss and activity modification, anti-inflammatory medication and sometimes bracing or splints. Surgery is only advised after the failure of these or other conservative measures. Arthritis progresses in stages, and in the early stages, arthroscopic (keyhole) surgery may be appropriate. However, when the arthritis is more advanced, the options include Ankle Replacement or Ankle Arthrodesis (fusion of the joint).

### What does the operation involve?

Prior to the operation you will be seen in the Pre-assessment clinic or receive a phone call assessment. This is to ensure that you are fit to have surgery.

The operation is carried out under general anaesthesia, often supplemented with a local anaesthetic block for pain relief. There are two techniques for ankle arthrodesis – open or arthroscopic (keyhole) and your surgeon will discuss which technique is suitable for you. In both cases, the ankle joint cartilage is completely removed and the joint compressed together with large screws, allowing the joint to “fuse” together. The arthroscopic technique is not suitable in all cases, but allows slightly faster rehabilitation following surgery. 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 medical staff will give you pain relief as required and prescribed. You will be given pain relief medication to take home. Advice regarding this will be given by the nursing staff before you leave hospital.

### **How long does recovery take?**

Most patients remain in hospital for 1-2 days. You will have a temporary cast below the knee, and will be required to non-weight bear with crutches initially.

Your temporary cast and wound dressings will be changed and stitches removed (if applicable) at your follow-up appointment, which is usually about 10-14 days after the operation.

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. This will help to reduce swelling of the ankle. These instructions should be followed for at least 10-14 days.

After 10 days, you will be placed in a full below-knee cast, but will not be allowed to weight-bear. You must keep this cast dry. After 4–6 weeks, you will be allowed “protected weight-bearing” in a special removable walker-boot. You are normally able to fully weight bear approximately 12 weeks following surgery.

### **When can I drive?**

Patients having had the left ankle operated on will be able to drive an automatic car within 2-3 weeks (short distances only to avoid swelling). Those who have had an operation on the right side will be able to drive after about 12 weeks.

You are advised not to fly after surgery for six weeks (short haul) and 12 weeks (long haul).

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

This will depend on the type of work you do. For example if you have a desk job you may be able to return to work after 2-4 weeks if you are able to elevate your foot whilst sitting. If you do manual work and there would be a lot of pressure on the foot then you may need up to 12 weeks off work.

Golf, walking and even running short distances are all possible after a successful ankle arthrodesis.

### **What are the complications?**

These complications are rare but can occur.

- Infection
- Prolonged swelling
- Nerve or blood vessel injury
- Stiffness of the ankle
- Deep vein thrombosis (clot in vein)
- Pulmonary embolus (clot in lung)
- Delayed union or Non-union (failure to fuse)
- Malunion (fuses in an imperfect foot position)
- Post-operative pain (including complex regional pain syndrome)

## Useful contact numbers

Orthopaedic pre assessment	0300 614 7778/7147
Day Surgery Unit Heatherwood	0300 614 4130/4131
Main reception Treetops Ward Heatherwood	0300 614 4159
Therapy Office Heatherwood	0300 614 4178
Physio/OT ward office Wexham	0300 615 3329
Ward 1 Wexham Park	0300 615 3010/3012
Booking Centre (appointments)	0300 614 7919 option 1
Orthopaedic post op	0300 6147207

### 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

<b>Frimley Park Hospital</b> Portsmouth Road, Frimley, Surrey, GU16 7UJ	<b>Heatherwood Hospital</b> Brook Avenue, Ascot, Berkshire, SL5 7GB	<b>Wexham Park Hospital</b> Wexham Street, Slough, Berkshire, SL2 4HL
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