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ANKLE ARTHRODESIS

INTRODUCTION

Like all joints the ankle can be affected by various types of arthritis. With the passage of time arthritis leads to increasing pain, swelling and stiffness resulting in an ankle that does not function well. Ankle fusion is a very effective way to relieve the pain of ankle arthritis. Ankle fusion involves joining the two main bones of the ankle (the tibia and the talus together). After an ankle fusion most patients are able to walk without a limp and have minimal pain.

THE SURGERY

There are a number of steps to ankle fusion surgery. These include:

- i. nerve block, general anaesthetic, intravenous antibiotics
- ii. long incisions over outside of the ankle, small incision over inside of the ankle
- iii. removal of remaining cartilage
- iv. insertion of bone graft and other cells to stimulate fusion
- v. fixation with screws
- vi. check x-ray
- vii. closure of wound with stitches
- viii. back slab

RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with ankle fusion surgery is low. Some of the risks of surgery include:

- Infection.
- Problems with wound healing.
- Nerve injury causing numbness, tingling and/or pins and needles.
- Non-union (when the bones don't joint together).
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT is increased with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Anaesthetic complications.
- Drug allergy.
- Ongoing pain.

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Removal of stitches/sutures: 10-14 days.

Clexane injections (to prevent deep venous thrombosis): 10-14 days. Pain killers may be required for up to 2 weeks. Antibiotics for up to 2 weeks.

Protected weight bearing:

- 12 weeks with crutches
- Non/touch weight bearing first 6 weeks
- Partial weight bearing (up to 30kg) second 6 weeks.

A plaster or boot needs to be worn in bed at night for at least the first 6 weeks.

Return to most activities: within 6 months. Fully recovery: up to 12 months.

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0500.

After hours please contact the hospital where your surgery was performed.