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Foot, Ankle and Trauma Surgery

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. Incision over front of the ankle
- iii. removal of remaining cartilage
- iv. insertion of bone graft (often taken from the heel bone) and other cells manufactured to stimulate fusion
- v. fixation with screws and plate
- 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 arthrodesis surgery is low (in the vicinity of 20%). Some of the risks of surgery include:

- Infection
- Problems with wound healing that may require antibiotic treatment, readmission to hospital, further surgery including plastic surgery and/or other treatments
- Nerve injury causing pain, numbness tingling and/or pins and needles
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- Non-union (the bones don't fuse together)
- Mal-union (the bones don't fuse in the correct position)
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity).
- Insufficient blood flow resulting in loss of toes, foot or limb
- Drug allergy / anaphylaxis
- Further surgery
- Anaesthetic complications including heart attack, stroke and death

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 at first post operative appointment.

Xarelto tablets (to prevent deep venous thrombosis): for 6 weeks.

Pain killers may be required for up to 6 weeks.

Protected weight bearing:

- Touch weight bearing in back slab of 2 weeks using either crutches, knee scooter or wheelchair to mobilise
- Touch weight bearing in fibreglass cast for next 4 weeks using either crutches, knee scooter or wheelchair to mobilise
- Weight bearing as tolerated in an Air Cast boot for another 6 weeks
- Wean out of boot from 12 week mark

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

Return to most activities: within 9 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 0563. After hours, please contact the hospital where your surgery was performed.