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Foot, Ankle and Trauma Surgery

ANKLE REPLACEMENT

INTRODUCTION

Like all joints the ankle can be affected by arthritis. With the passage of time, arthritis leads to increasing pain, swelling and stiffness resulting in an ankle that does not function well. Ankle replacement surgery is an effective way to decrease pain of ankle arthritis, while maintaining some range of motion of the ankle. The ankle replacement is made up of two pieces of metal (made of a titanium and cobalt chromium alloy) that resurface the tibia and talus bones. In between the metal is a polyethylene (plastic) insert.

THE SURGERY

There are a number of steps involved in ankle replacement surgery. These include:

- i. nerve block, general anaesthetic, intravenous antibiotics
- ii. a 15 cm long incision on the outside of the ankle
- iii. fibula bone cut
- iv. removal of bone from tibia and talus
- v. insertion of metal tibial and talar components
- vi. insertion of polyethylene insert
- vii. plate or screws to stabilise fibula bone
- viii. lateral ligament reconstruction
- ix. check x-rays
- x. wound closure with stitches/sutures
- xi. plaster back slab

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with ankle replacement 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.
- Anaesthetic complications including heart attack, stroke and death
- Ongoing pain
- Complex regional pain syndrome
- Scarring
- 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
- Anaesthetic complications
- Drug allergy
- Further surgery

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

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

Removal of stitches/sutures: 10-14 days.

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

Antibiotics: for 2 weeks post-surgery

Pain killers may be required: for up to 6 weeks.

Post operative mobilisation:

- First 2 weeks touch weight bearing in back slab.
- Next 4 weeks weight bearing as tolerated in Aircast walking boot.
- Commence gentle physiotherapy: 2 weeks.

Return to most activities: Within 6 months.

Full 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.