

Patient Information Sheet

- Ankle Joint Fusion

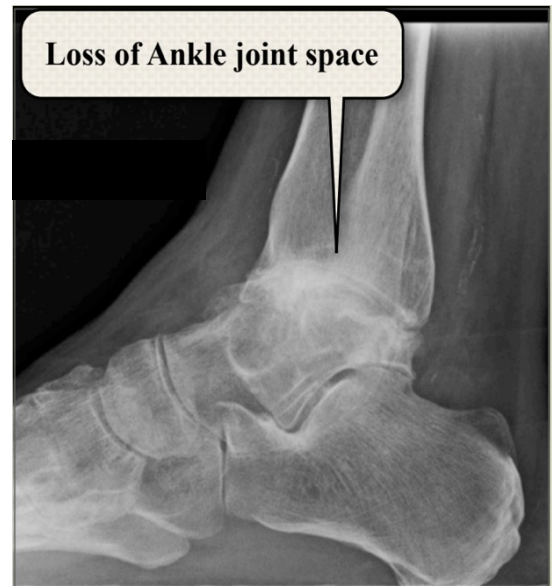
What do I need to know?



What is my diagnosis?

You have ankle arthritis. This is a process of wear and tear that is commonly a result of a previous ankle injury or break. It results in a loss of ankle joint space, as seen in the X-ray below. Patients with rheumatoid disease can also have arthritis in the ankle joint. Patients usually complain of pain around the ankle, often worse with walking and exercise. Swelling, stiffness and a feeling of the ankle giving way are common. Arthritis is diagnosed by clinical examination and X-rays.

What does ankle arthritis look like on an X-ray?



Do I need an operation?

You should have already tried non-surgical treatments. These include footwear changes, braces, painkillers and walking aids. Ankle joint fusion is only offered if you continue to be symptomatic despite non-surgical treatments. You will be examined and counseled by a healthcare professional who will explain the risks and benefits of surgery to you.

What does the operation involve?

Ankle joint fusion is done as a day case procedure but come prepared in case you need to stay overnight. The operation is performed under a general anaesthetic & nerve block (numbing of the foot & ankle). You will have a main incision (cut) over the outside or front of your ankle. Sometimes you need additional smaller incisions. The worn cartilage is removed, and the two ends of the joint are fixed with screws, plates or both. We may remove a small section of the smaller bone (fibula) for bone graft. Your leg will be placed into a plaster after surgery. The technique described is for standard care. Your operation may vary slightly and, in this situation, will be discussed with you before.

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What happens after surgery?

You will see a physiotherapist after surgery who will give you crutches. You must elevate the leg for the first two weeks. You cannot put any weight on the operated leg for six weeks. Your stitches will be removed after two weeks, and a new plaster applied. You will be in a plaster or a moonboot for up to 12 weeks.

What will my fusion look like?



What about blood clots after surgery?

You could be prescribed anti-coagulants (blood thinning medication) after surgery. Your risk of having a blood clot will be assessed by your healthcare provider. You may be asked to take a daily tablet or have subcutaneous (under the skin) injections, depending on your level of risk. You will be shown how to self inject in this situation.

Are there potential complications?

Every operation has potential complications. You must understand these before having surgery. These include but are not limited to:

- Ongoing pain
- Infection and slow wound healing
- Failure of ankle fusion (non-union)
- Sensitive or painful scarring
- Blood clots in the leg (DVT)
- Blood clots in the lung (PE)
- Chronic regional pain syndrome

After this operation, walking uphill is usually difficult and some patients require shoe-wear modification.

Smoking, diabetes, rheumatoid arthritis, steroids and blood thinning medication increase these risks significantly. Discuss these in more detail with your healthcare provider.