

What is ankle arthritis?

Ankle arthritis is a process of wear and tear involving the ankle joint. It is most commonly a consequence of a previous ankle injury or fracture. Patients with rheumatoid disease can also suffer arthritis in the ankle joint. Patients usually complain of pain around the joint which becomes worse with walking, along with stiffness, recurrent swelling and a sense of giving way.

The diagnosis is made by clinical examination and x-rays.

Do I need an operation?

Before being offered this operation, you should have tried treatments such as footwear changes, cushioned inserts, braces, anti-inflammatory medications and walking aids. You should also have reduced 'impact' activities and, if appropriate, tried to lose weight. This operation is offered to you if you continue to have symptoms despite trying the above measures and lifestyle changes, and after you have been examined and counselled by a member of the foot and ankle team. The operation is usually offered in severe cases of arthritis of the ankle joint.

What does the operation involve?

The operation is performed as an inpatient and you will be discharged when mobile and comfortable. The operation is performed with general anaesthetic and nerve block (which means numbing the nerves of the foot and ankle). It involves one incision over the outside or the front of the ankle joint, sometimes supplemented with extra incisions. The remaining cartilage covering the joint surfaces is removed and the two ends of the joint are fixed using screws or plates. Operations performed through the outside incision involve removing the smaller bone of the ankle (fibula) and using it as a local bone graft. Your leg is then placed in a plaster.

What happens after surgery?

Your post-operative period

- The ankle will be immobilised in a cast or boot for three months or more. It is likely that you will not be able to put much weight through your foot for a significant proportion of this time.
- You see the Physiotherapist after your operation and they give you crutches
- Strict elevation for the first two weeks and when necessary afterwards
- Mobilize with crutches for the first 6 weeks.

Your follow-up

- Nurse-led clinic at two weeks to remove the initial plaster and stitches. A full below knee non-weight-bearing plaster is then applied
- Consultant clinic at six weeks to remove the plaster and take x-rays. A new full below knee weight-bearing plaster or a removable boot is then applied
- Consultant clinic again at 12 weeks to remove the plaster
- Off work for around 12 weeks, depending on your job, and no driving for 12 - 14 weeks
- Follow-up until the bones have united, which may on occasions take longer
- Full recovery from this operation may take up to 12 months



Loss of ankle joint space

What are the possible complications?

- Infection
- Ongoing pain
- Failure of bone healing (non-union)
- Sensitive or painful scars
- Clots in the leg (DVT)
- 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, being on steroids or blood thinning medication increases possible risks significantly.



Ankle joint after fusion with screws

Prophylaxis against blood clots

According to the current UK guidelines you could be prescribed blood thinning medication to reduce your risk of getting clots. You will usually be prescribed two tablets of "Aspirin" to take daily (150 mg). In some cases you will require "Low Molecular Weight Heparin" subcutaneous (under the skin) injections. You will be shown how to self inject once daily.

An important note

The described technique is for a standard case and can frequently be changed to suit individual cases. The anaesthetist may decide to use a different type of anesthesia depending on the individual need of patients.