

## Ankle Replacement Surgery

Surgery is usually performed under a general anaesthetic. The procedure takes 2 hours. Patients normally stay for 2 nights after the operation.

### Technique

A 15cm incision is made over the front of the ankle. The bones of the ankle (tibia and talus) are cut to accept metal components that replace the surfaces of the joint. Between the 2 metal components is placed a thick plastic insert that allows the ankle to move. The tissues are then stitched and a below-knee half cast applied.

### Risks

All surgery carries potential risks. The risks are minimised by having the surgery meticulously performed by an expert in foot and ankle surgery. Risks include

**Pain, swelling, and bruising** - will occur to some degree following all foot and ankle surgery

**Infection** - approximately 2% in our unit

**Blood clots (thrombosis)** - treatment to reduce this risk will be provided if required

**Numbness around the scars** - usually improves over time

**Stiffness** - this improves over time and helped by physiotherapy

**Scar sensitivity** - can be improved with scar massage

**Incomplete improvement** - occasionally symptoms will be improved but remain present to a small degree. Recurrent injuries can also occur

**Revision surgery** - Occasionally following joint replacement a problem develops with the implant or the bone around the implant. This can occur due to infection, or other reasons such as loosening. If this occurs and causes significant symptoms, then the ankle replacement may need to be revised, or converted to an ankle fusion. The quoted figure for such a procedure being required following ankle replacement surgery is 8-10% over 10 years, and is slightly higher than the revision rate following hip or knee replacement.

### Discharge advice following an ankle replacement

#### Dressings

Your leg has been dressed with a plaster backslab to give it support. This dressing should not be changed until you are seen at your first follow-up appointment after 2 weeks. The plaster must be kept clean and dry.

#### Elevation

It is very important that you rest as much as possible and keep your foot elevated for the first 48 hours after surgery. Try to avoid letting it hang down when sitting as this will lead to swelling and pain. This is most apparent within the first 2 weeks but swelling may occur for up to 6 months after surgery, especially after sitting or standing for long periods. In bed, put the foot on a pillow.

#### Analgesia

You will receive a prescription for pain medication on discharge. Pain is often due to swelling, and this is eased by rest and elevation of the foot.

### Walking

A physiotherapist will have shown you how to use crutches. You should not put any weight on the foot for at least 2 weeks.

### Follow-up

You will be seen approximately 2 weeks when the plaster and sutures will be removed. At this stage a removable walking boot will be applied and you will be able to start putting some weight on the foot. You will be seen again after 6 weeks when you will have an X-ray. If all is progressing well, you will be able to take more weight on the foot. I will then see you 3 months after the surgery.

### Driving

You should not drive a manual car for 12 weeks following surgery. After this you should start gradually, to see if you are comfortable. It normally takes a few days to feel confident. If you have an automatic car and have only had the left foot operated upon then you may drive after 2 weeks.

### Work

If you have an office based job then it may be possible for you to return after 2 weeks however it is more advisable to return after 12 weeks. If you have a more physical job then it may take 16-20 weeks.

### Recovery

It often takes 6-12 months for all swelling to resolve and so minor swelling late in the day is not unusual and should not be a cause for concern.

For more information please contact us:

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