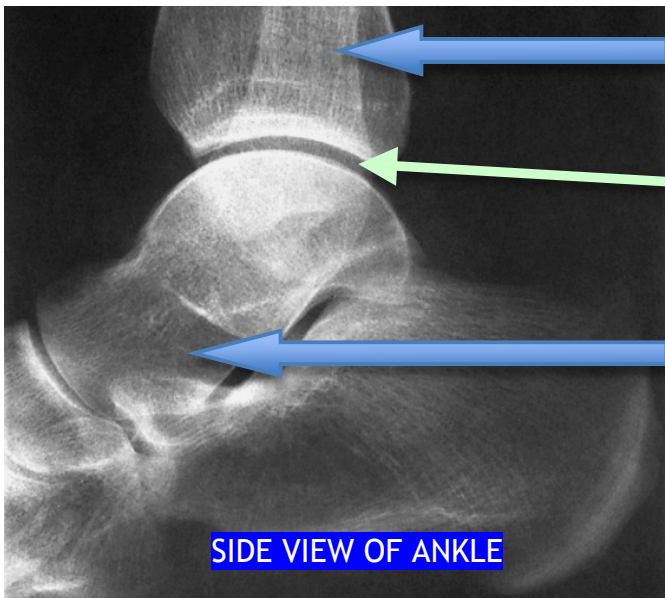




# Ankle Fusion

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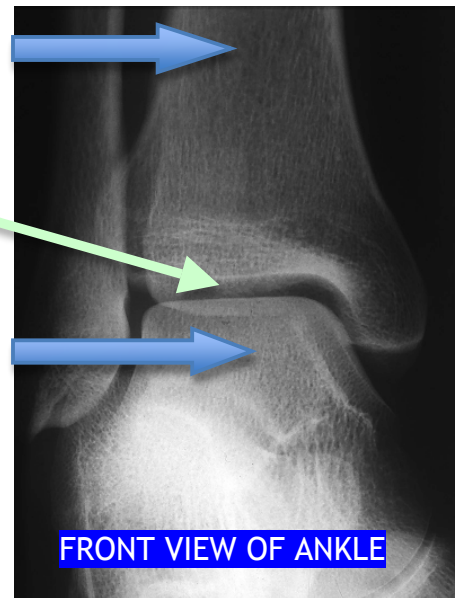
Cornwall Foot and Ankle



Tibia (shin bone)

ANKLE JOINT

Talus (ankle bone)



## Patient Information on Ankle Fusion (Arthrodesis)

### What is an ankle fusion?

An ankle fusion is an operation, in which the joint surfaces of the ankle are removed in order to abolish all movement of the ankle joint. This is generally performed arthroscopically (using keyhole surgery). Taking away the movement of the ankle is useful to get rid of debilitating ankle pain.

### Why do I need an ankle fusion?

Ankle fusions are performed for patients who have significantly painful arthritis with or without deformity of the ankle joint. This may be a condition that has arisen on its own, follow years after an ankle injury or may be related to other conditions such as rheumatoid arthritis or psoriasis. Surgery is recommended for patients that have significant ankle pain related to arthritis, which is affecting the quality of their life and causing their mobility, working life or hobbies to be significantly impaired.

### What if I have nothing done, what will happen?

Arthritis generally follows a pattern similar to arthritis in the other joints such as the hip and knee. This means that generally over time ankle pain will get more severe and the ankle joint will become stiffer. Injections can be performed but they will generally become less effective over time.

### Can I have an ankle replacement?

Arthritic ankle joints can be replaced but it is generally suitable for older patients without major deformities or those with rheumatoid arthritis with poor mobility.

Ankle replacement is not suitable for:

- Young Patients (under 45) or very active patients

- Patients with very stiff ankles

- Severe foot deformity

- Severe ankle deformity

- Ankles with previous infection

- Collapse of the talus (ankle bone)

### How is the surgery done?

Ankle fusion is nearly always performed by an arthroscopic (keyhole) technique. After the joint surfaces are removed, two screws are inserted to hold the ankle rigidly while the bones heal together. This involves four scars in total of about 1cm each.

Some people with very stiff ankles may require a release of their Achilles tendon as part of their procedure.



## What Happens after Surgery?

### How long am I in hospital for?

Most people come into hospital on the day of surgery, having had a medical assessment about 2-4 weeks beforehand. On the day of surgery, the majority of patients have nerve blocks, which makes their leg almost completely numb and pain-free. The day after surgery, the physiotherapist will get you out of bed. Most patients leave hospital within 1-2 days of surgery and are able to walk out of hospital using crutches but no more than touching the operated-on foot to the ground for balance for the first two weeks.

### What happens when I leave hospital?

After leaving hospital you will have a temporary plaster and will need to rest and strictly elevate the foot at home for the first 2 weeks. While you are at home we would like you to have a daily injection to help prevent the risk of deep vein thrombosis (clots) in the legs.

### When will I be seen in clinic?

You will normally be seen at 2 weeks after surgery to check wounds and change your plaster. At this stage you may start walking on the foot as comfort allows. You are then seen at 6 weeks and 12 weeks from surgery for x-rays. At 6 weeks, your plaster will often be changed to a removable boot that may be removed at night and for bathing.

### How long do I need off work?

Most patients will require 4 months off work and sometimes 6 months. Patients that have predominantly seated work may be able to return after 6 weeks. It may take up to one year to feel the full benefit from the surgery.

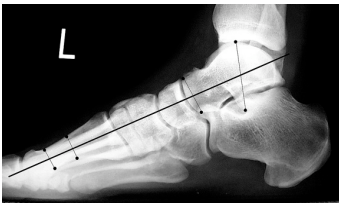
### When can I drive?

You will not be insured to drive until you are out of your plaster or walker boot. Patients with surgery to the left foot could drive an automatic after a few weeks.

### Can I play sport?

After the joint is fused, you may start taking increasingly vigorous exercise. It is sensible to start with walking or cycling and build up as comfort allows. Walking on rough ground may be difficult and it is rare to be able to be play vigorous sports.

# Problems after Ankle Fusion



## General Risks and Complications

There are general risks associated with having an operation and an anaesthetic, including sickness and nausea. There is a risk of deep vein thrombosis and we advise a daily injection to help prevent this risk, in accordance with the guidelines issued by the British Foot and Ankle Society.



## Specific Risks and Complications

The most important potential problem is infection and this affects less than 1 in 100 patients. This complication would require further surgery ranging from removal of screws to redoing the surgery.

5-10 in 100 fusions do not heal properly and may require a further operation.

1 in 10 ankle fusions do not heal in exactly the position intended but this generally does not cause any problem.

1 in 10 patients will require their screws removed at some stage and this can be done as a day case.



## Reducing Risks and Chance of Complications

We strongly advise all our patients to try and lead a healthy lifestyle, to eat a well balanced diet and take regular sensible exercise. Smoking can increase the rate of problems with foot and ankle surgery by up to 16 times and we advise all our patients to try and stop smoking. Your family doctor may be able to help and advise you in these matters.



## What do I do if I run into problems?

If you encounter any problems then we are here to help. We would like you to contact our respective secretaries to make an earlier clinic appointment so that we will be able to reassure you or to intervene early.

In emergency please visit your GP or attend the Casualty Department.

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