

A Patient's Guide To Ankle Arthritis



What is Ankle Arthritis?

A joint is made up of bone covered with cartilage and joined by ligaments. In Ankle arthritis this cartilage is severely damaged often leading to the underlying bone being exposed and damaged. In the ankle joint this is most often due to previous injury or wear and tear (osteoarthritis), but can be due to rheumatoid arthritis. This can cause PAIN, SWELLING and DIFFICULTY IN WALKING.

What can I do to avoid surgery?

(Before considering surgery for ankle arthritis there are many ways of reducing the pain caused by arthritis of the ankle, for example:)

- medication (such as anti-inflammatories)
- steroid injections
- ankle braces and therapeutic shoes
- walking stick

Who needs surgery?

If these measures fail to control your symptoms and the pain is interfering with your quality of life and day to day function surgery may be an option.

What are my choices?

- Give the ankle a clean out with key hole surgery (arthroscopic debridement) – which may be suitable in early arthritis, or where bone is blocking movement.
- Fuse (ankle arthrodesis). This means the bones in ankle are joined together (usually with keyhole surgery and some screws). This takes away the movement and pain in the ankle – and the other joints in the foot compensate for the movement. This is an effective operation for pain relief and Most patients with a successful ankle arthrodesis are able to walk without a limp, cycle and do certain sports such as golf.
- Ankle replacement – the joint surfaces can be replaced with metal and plastic (very similar to hip and knee replacements). This gives excellent pain relief and good function – but like any joint replacement they can wear out.

The choice between which operation is best for you is often down to personal preference of the patient and the surgeon.

If you are less than 50 years old and active, most surgeons would recommend an ankle arthrodesis. If you have severe deformity or instability an ankle replacement is usually not recommended.

When is a replacement more suitable than an arthrodesis?

In cases where there is significant arthritis affecting several joints in the foot or previous surgery where other joints have been fused a replacement may be advantageous.

What happens during and after surgery?

Before surgery you will be asked to complete a questionnaire so we can measure the outcomes after you have recovered.

Surgery is usually performed under a general anaesthetic (you will be asleep) and some form of nerve block. You will usually stay in hospital overnight – but in certain circumstances you can go home the same day.

Most of the time you will have a plaster cast on your leg, and be asked to mobilise on crutches for two weeks, with minimal weight bearing.

The post-operative plan can vary but most of the time after an ankle fusion you would spend a total of six weeks in a plaster (non weight bearing) and then go into a walking boot for another six weeks (weight bearing). Xrays are used to confirm that the fusion is solid.

After an ankle replacement most patients are placed into a walking boot at two weeks and allowed to increase weight bearing – they are allowed to wean out of the boot at six weeks after the operation. Xrays are taken on a regular basis to ensure the replacement is working well.

What are the risks of surgery

As with any surgery, there are associated risks. If you are overweight, smoke or not active, you are at greater risk of developing complications after surgery and it may take longer to recover.

You may want to discuss this with your GP or health professional what you can do before surgery.

- Stiffness or persistent pain in the ankle. In very few cases, nerves may be damaged, which could lead to chronic pain that may be worse than the pain before surgery.

- A low risk of a blood clot in the leg or deep vein thrombosis (DVT). All patients should be

- assessed for DVT risk. If you have no other risk factors, we don't generally recommend any further treatment.

- A few people suffer complications such as infections which are treated by antibiotics and from time-to-time, wounds can become more deeply infected and require further surgery.

- Rarely further surgery may be required if a fusion does not join or joins in a poor position.

- In some cases, a new joint may not be stable, loosen or wear and further surgery may be needed to correct it.

It's important to remember that most of the complications are minor and can be easily and successfully treated.