

Prosthetic Replacement Surgery of the ankle

Patient Information by Mr Stefan Weitzel, Consultant Foot & Ankle Surgeon

General Info

This leaflet provides general information for a patient undergoing **Replacement Surgery of the ankle** for reference both pre- and postoperatively. There may be individual differences of the exact procedure carried out and/or the recommended postoperative rehabilitation protocol, and therefore this may be used only as **a general guide**.

For specific questions or concerns please do not hesitate to get in touch with the practice manager on 020-32914143 or via laura@weitzelorthold.co.uk

What happens before surgery?

Patients who have been booked for ankle replacement surgery will receive admission information directly by the hospital. They may be contacted by the pre-admission team and may have to attend preoperatively for some basic tests (e.g. bloods, heart tracing (ECG), MRSA swab) to confirm anaesthetic fitness and ensure perioperative safety.

Day of surgery

The hospital will issue instructions about location, arrival time & to have consumed no food within 6 hours and water only (no milk) up to 2 hours of the arrival time. On the day of the surgery there will be a further opportunity to discuss the exact nature of the surgical procedure recommended with the surgeon as well as details of the postoperative recovery & follow-up arrangement. In addition, benefits and potential complications and alternative treatment options will be re-explained and the topics of the discussion documented on a consent form that is signed by both the patient and the surgeon.

Detail of surgical procedure

This typically involves one incision at the front of the ankle. This allows an approach to the ankle where abnormal tissue is removed. Following this, a cutting jig is placed under X-ray guidance, and used to remove the worn surfaces. A metallic joint is then fitted usually with a cementless technique and a plastic liner inserted to allow movements. Occasionally additional procedures (as discussed preoperatively if possible) are required to restore optimal ankle joint alignment (ligament release & repair, osteotomy etc.). The skin wounds are sutured and dressed. Routinely a local anaesthetic injection is administered by the surgeon or anaesthetist before the end of surgery to reduce postoperative pain for 12 to 24 hours. Tingling or other abnormal sensation in the ankle or foot may be experienced temporarily and usually but not always resolves.

Anaesthetic

Surgery is normally carried out under general, spinal or regional anaesthetic and the anaesthetist will discuss with the patient the most suitable technique

Before discharge

Postoperatively, the patient will be supported with a cast and will be asked to elevate the foot at least 2 hours to reduce bleeding risk. Thereafter, crutches and a plaster shoe will be provided to aid mobilisation. Normally some weight-bearing is allowed a comfortable but occasionally depending on the exact procedure carried out some off-loading may be advised and this will be communicated after surgery by the surgeon, nursing staff or physiotherapist prior to leaving the hospital. Further suitable pain relief in the form of tablets is provided. Almost always thrombo-prophylaxis (prevention of blood clots) is recommended by compression stockings and heparin injections (Clexane). For most patients, this is an overnight stay procedure, before leaving the next day.

Clinic follow-up & return to activities including work

Follow-up usually takes place in clinic around 10-14 days, for removal of cast, wound check & removal of non-absorbable sutures or clips. Protected weight-bearing continues along with heparin injections in a walker boot until about 6 weeks postoperatively. Heparin injections are now discontinued. Many patients in sedentary jobs (e.g. office work) may now be able to return to work fully or in a modified capacity. Patients in physically more demanding professions may have to delay return to work until a further 6 weeks (approximately 12 weeks in total). Physiotherapy usually commences from 4-6 weeks postoperatively

Swelling can occasionally persist for 4-6 months postoperatively (and rarely longer) delaying the return to normal or tight-fitting shoes. Recovery is occasionally slow and continues over 6-12 months.

Complications & Outcome

Early postoperative risks include *bleeding* (which may rarely require an early change of plaster) and *wound healing problems & infection*. The latter is rarely serious and responds quickly to regular wound care and a short course of oral antibiotics. *Nerve problems* may be noted when the plaster is removed and are either experienced as a reduced sensation or tingling in the foot or around the surgical scars. This is usually temporary but uncommonly can be permanent (but even then, is rarely troublesome). A more generalised but very rare form of nerve dysfunction is caused by *complex regional pain syndrome (CRPS)* that gives rise to swelling, aching, stiffness & abnormal sensation in the ankle and foot. This almost always resolves with physiotherapy and mobilisation over a period of several months. Occasionally, and depending on the bone quality *intraarticular fractures* can occur that may require fixation. Whilst not usually serious this could prolong the recovery time.

Thrombo-embolism (blood clot) in calves and/or lungs is relatively uncommon in ankle and foot surgery in patients without significant risk factors (e.g. previous history). However, after more complex procedures of the ankle such as replacement when the leg is protected in a cast for some weeks and weight-bearing and mobility are restricted the blood clot risk is increased and, therefore,

chemical thrombo-prohylaxis is routinely recommended by self-administered injection (low-molecular-weight heparin = Clexane) and, in addition, a compression stocking is usually offered by the nursing staff.

Longer term risks include significant and persisting *residual or recurrent pain, deformity and/or loosening of the implant*. A general outcome review shows that a large majority of patients obtains a satisfactory outcome both terms of pain control & ankle movements that increase function.