

## Patient information

# Total Ankle Replacement

### Trauma and Orthopaedics

Your Consultant has advised you that you are suitable to have a total ankle replacement. The aim of surgery is to ease your pain by replacing the damaged parts of the bones within your ankle joint. During the operation, artificial joint parts are implanted to replace the old surfaces. The artificial joint (prosthesis) comes in various sizes to fit you.

#### **How and why is it done?**

Ankle replacements are done because of arthritis of the joint which is causing you pain. This is usually as a result of a previous injury or wear and tear of the joint.

Ankle replacement surgery is carried out under either a general anaesthetic or a spinal anaesthetic and you should expect to be in hospital for around two to three days.

Your surgeon makes an incision (cut) over the front of your ankle to allow access to the joint. After protecting and moving the tendons at the front of the ankle aside, your surgeon then opens up the front of the ankle joint.

A thin slice of bone is then removed from the end of the tibia (shin bone) and the top of the talus (ankle bone) and the artificial joint is then inserted. The tendons are then returned back to their position and the wound is stitched up.

A dressing is applied and your leg is placed into a plaster cast or a supportive bandage, from toe to knee level, while still in theatre.

#### **What are the benefits of having an Ankle replacement?**

The expected benefits are to reduce your ankle pain and to increase the movement of the ankle joint.

#### **What are the risks of having an Ankle Replacement?**

All surgical procedures carry risks of wound infection and delayed wound healing. You need to keep your leg elevated to prevent swelling and to keep the wound clean and dry.

Any infection around the prosthesis is very serious as it causes pain and failure of the new joint. Initially, the infection may be treated with intravenous or oral antibiotics, rest and elevation of your leg. However if this treatment is not effective, the new joint sometimes needs to be removed completely and the ankle joint stiffened, however we do our best to avoid this and the risks are less than 2%.

Damage to the small nerves around the operated area can also happen, which may result in numbness and / or painful scarring.

Sometimes the bones on either side of the ankle can break during surgery and need to be fixed with screws and your leg be protected for a longer period of time in plaster cast after the surgery.

Procedures are often undertaken to try to improve your pain, but this is sometimes unsuccessful and pain may continue and may even increase.

There is also a risk that you do not produce enough new bone around the artificial joint parts within the joint so they are not solidly fixed into place. After 10 years, the survival rate of the total ankle replacement prosthesis itself is around 75%.

If you are a smoker, **we strongly advise you to stop smoking** at least one week before your surgery and for the duration of your treatment. By doing this you are not only lessening the risk of developing a clot after surgery but you are also helping towards the success of your surgery.

The risk of deep vein thrombosis (blood clot) is around 0.5% and you will be prescribed a course of low molecular weight heparin injections to help prevent blood clot formation. You will also be required to carry out limb exercises regularly and keep yourself mobile and prior to surgery you will be measured and fitted with an anti-embolic stocking to your opposite leg.

Wound healing and production of sufficient bone to fix the prosthesis are greatly affected if you smoke even one cigarette.

To help avoid complications after your surgery, it is also very important that you do not put any weight through your operated leg for up to the first four weeks, depending on your consultant's post-surgery instructions, to help to protect your new ankle joint.

### **What if ankle stiffening surgery (ankle fusion) is required?**

In the event of requiring ankle joint stiffening surgery, this carried out usually under general anaesthetic or sometimes a spinal anaesthetic can be given. Your surgeon makes an incision (cut) to the front of your ankle to remove the ankle prosthesis.

Extra bone (bone graft) from your pelvis is also required to be placed into the ankle to fill the gaps, producing two surfaces that can be joined up using special metalwork using further incisions. Bone grafting is carried out via a further incision just above the hip area, usually on the same side as your operated leg.

Following surgery your leg is placed into a cast from below the knee to toe level and you are unable to put any weight down on your operated leg for around six weeks or more, depending on your check X-ray result.

Once the X-ray has been reviewed and your specialist agrees you may be able to begin to put minimal weight through your leg using a walking boot or further cast with a heel (please refer to Patient Information – Ankle Fusion – PIF 1098 for further information).

### **Are there any alternative treatments available?**

If you decide not to proceed with surgery, your surgeon may offer you conservative treatment in the form of special orthotics and/or footwear. The aim is to relieve your symptoms and delay further damage by restricting movement at the affected joint itself.

If your surgeon feels it's appropriate he may refer you for a steroid injection under X-ray control, which may also help relieve your symptoms temporarily.

In the higher demand, younger patient, a fusion operation is excellent at improving pain at the cost of stiffening the joint and this should have been discussed with you when you were deciding about surgery.

An ankle arthroscopy with cleaning out of the joint can give temporary improvement in early arthritis but does not work well once the cartilage has worn down to bone, in advanced arthritis.

### **What will happen if I don't have any treatment?**

If you decide not to receive treatment, it is likely that your symptoms and condition will continue to worsen.

### **What sort of anaesthetic will be given to me?**

You will be given either a general anaesthetic or a local anaesthetic with sedation.

A general anaesthetic is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

General anaesthetic can cause side effects and complications. Minor side effects are usually are usually short-lived, including nausea, vomiting and feelings of disorientation. Serious complications are extremely rare and include paralysis and death.

A local anaesthetic / sedation involves being given an injection to re make you feel very relaxed, followed by injections around the ankle or at the back of the knee (nerve block) to numb the area being operated on. You remain conscious and relaxed throughout the surgery but free from any pain. If the nerve block is not effective then you will have to have a different type of anaesthetic, such as general anaesthetic or spinal anaesthetic.

During spinal anaesthetic you will remain conscious but free from any pain throughout your operation. An injection is given to numb the area from the waist down, enabling your surgery to be carried out.

You may experience some discomfort during the injection itself and, due to the continued numbness for some time after the surgery, you may also experience temporary incontinence.

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

For more information, please ask for a copy of the leaflet **"You and Your Anaesthetic"** (PIF 344).

**If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.**

## **Getting ready for your operation**

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests and sometimes a heart trace and a chest X-ray, if appropriate. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

You will be given instructions on when to stop eating and drinking pre-operatively and provided with details of any of your usual medication you will need to take, or not, on the morning of your surgery. It may be that certain medication will need to be stopped for a few days before surgery and, if appropriate, you will receive instruction about this also.

You may have already signed a consent form during your clinic consultation and therefore confirmation of your wishes to proceed with surgery will only be required on the day of your operation. If you have not already signed a consent form you will be invited to sign one on the morning of your surgery to say that you understand the procedure, and what the operation involves.

You will also have opportunity to discuss the operation with a doctor.

You will need to see a physiotherapist who will assess you with regard to your present condition and ability to non-weight bear (hop), using crutches or other suitable walking aids. You will also be advised on the importance of keeping the rest of your joints moving to prevent them from becoming stiff following surgery.

You will also need to see an Occupational Therapist who will assess how you are likely to cope on discharge, in your own home. Any necessary equipment can also be requested in advance of your admission, which will prevent any delay in sending you home from hospital.

## **The day of your operation**

- You will come into hospital on the day of your operation.
- Please bring any medication you are taking to hospital with you.
- Please leave cash and valuables at home. The Trust does not accept responsibility for any personal items or valuables.
- You will be asked to remove jewellery. Plain bands can be worn but they will need to be taped.
- Please leave body piercings at home.
- False nails and nail polish will also need to be removed.
- If you have not already had one, you will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.

- You will be escorted to theatre and normally you walk into the theatre area, if you are able.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you.

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred back to your ward. You will return to the ward with a temporary below knee plaster cast or supportive bandage in place, which will have already been applied in theatre. This allows for post-operative swelling, which occurs after any operation, whilst also helping to protect your new ankle joint. This may then be changed to a light cast at 24 to 48 hrs after your operation, when an X-ray may also be carried out to check the position of your new ankle joint.
- Swelling is normal after any operation however this swelling can be minimised by ensuring that your leg is elevated (raised) so that the level of your heel is higher than your hip level.
- A nurse will check your pulse, blood pressure, breathing rate, evidence of excessive bleeding through the cast and toe circulation / movement regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The day following surgery you will be assisted to get up out of bed and to sit out in a chair, with your leg elevated on a foot stool (making sure that your heel level is kept higher than your hip level to reduce any swelling and to help relieve your pain). The physiotherapists will also assess you walking without putting any weight through the operated leg, using appropriate walking aids.
- At first you may use a walking frame to allow you to hop and then you may progress to using crutches under supervision, if you are safe to do so.
- The below knee cast or supportive bandages help to protect your new ankle and surgical wound (s) while you are walking. It may be that you will require a new lighter cast applied at 24 to 48hrs post-op, which stays in place for the first two weeks, when you will be reviewed in the Orthopaedic clinic.
- A post-operative check X-ray may also be carried out prior to discharge, if required.

### **Going Home**

You may be able to be discharged at around two to three days following surgery, depending on the result of your x-ray and whether you are safely mobilising with crutches. The physiotherapist will also instruct you on how to climb stairs safely, without putting any weight onto your operated foot.

## **Further Appointments**

You will be given an outpatient follow-up appointment 9 to 14 days following your surgery, when you will have your cast and dressing(s) removed, wound checked and sutures (stitches) taken out. You may then be transferred into a special removable full length boot or possibly another cast, in order to provide continued protection of your operated ankle.

You are still not usually allowed to put any weight down through your operated leg for a further two weeks (up to four weeks post-op). If you have been transferred into a removable boot, you will be instructed on when you can remove this and start to shower.

At around four weeks post-op you will have a Therapies appointment to begin guided ankle exercises with the physiotherapist. At four weeks post-op, providing there are no wound complications, you may be able to start to put some weight through your operated leg with the boot in place, using crutches as before (If you have been in a cast up to this four week stage, you will now be provided with a removable boot).

The boot and crutches can then be gradually discarded at six weeks post-op, following a check X-ray and specialist review, you may then be able to return into your own sensible / supportive footwear, such as training shoes. You can now usually fully weight bear and gently mobilize around only at this stage.

At around three months post-op you will be reviewed again by your specialist and have an ankle X-ray carried out at this appointment to be sure that the prosthesis has bonded to the bone.

Further appointments at six months post-op and then yearly, will be arranged so that we can keep you and your new ankle under review. Check X-rays will be also carried out at these future appointments

## **Discharge Information**

### **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home. You should elevate your leg highly when sitting to help reduce post-operative swelling and pain.

If following discharge you notice increased pain, smell or oozing from your wound, please contact your family doctor (GP) immediately and contact the foot and ankle specialist nurse.

### **Returning to work**

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be given by your hospital doctor to cover the expected time off you will need.

Your Consultant will inform you how long you are likely to need off work. This will depend on your occupation.

## Further Information

If you have any queries or concerns following your discharge, please contact the ward or the specialist nurse below.

### Specialist Nurse for foot and ankle surgery

Tel: 0151 282 6000 and ask for bleep 4634

Text phone number: 18001 0151 282 6000

Bleep 4634

### Secretaries

Tel: 0151 282 6813/6746

Text phone number: 18001 0151 282 6813/6749

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