

ANKLE REPLACEMENT

What is the problem?

Like all joints the ankle can be affected by arthritis. With the passage of time, arthritis leads to increasing pain, swelling and stiffness resulting in an ankle that does not function well. Ankle replacement surgery is an effective way to decrease pain of ankle arthritis, while maintaining some range of motion of the ankle. The ankle replacement is made up of two pieces of metal (made of a cobalt chromium alloy) that resurface the tibia and talus bones. In between the metal is a polyethylene (plastic) insert.

What's involved?

There are a number of steps involved in ankle replacement surgery. These include:

- nerve block, general anaesthetic, intravenous antibiotics
- a 15 cm long incision over front of ankle
- removal of bone from tibia and talus
- insertion of metal tibial and talar components
- insertion of polyethylene insert
- check x-rays
- wound closure with stitches/sutures
- plaster back slab

What's the worst thing(s) that can happen with surgery?

All surgical procedures carry some risk. The risk of complications with ankle replacement surgery is low. Some of the risks of surgery include:

- Infection
- Problems with wound healing
- Nerve injury – this may result in numbness, tingling and/or pins and needles at the top of the foot
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill and hormone replacement therapy, immobility and obesity)
- Anaesthetic complications
- Drug allergy
- Ongoing pain
- Periprosthetic fracture
- Component failure
- Requirement for revision surgery
- Amputation

What can I expect after surgery?

Rest

- You will have a cast on your leg. Keep foot elevated as much as possible, especially for initial 72 hours. Keep dressings dry and intact until post operative appointment.
- Mobilise short distances as pain allows, aim to remain in your own home for the first few weeks limiting long periods of standing or mobilising
- Do not bear weight for the first two weeks

Pain

- Pain relief may be required for up to 2-4 weeks; depending on your other medications this may include:
 - Regular paracetamol, anti-inflammatory drugs and break through opiate type medications
 - A regular blood thinning medication will also be prescribed for 6 weeks

Driving

- Any surgery performed on the right foot or both feet will mean no driving for a minimum of 6 weeks
- If surgery was performed on the left foot then driving in an automatic is possible, but Dr Phegan would recommend waiting a minimum of two weeks before attempting to drive

Driving any vehicle with a cast or boot is potentially hazardous and you should consider this before getting behind the wheel

Follow up

- Keep all dressings dry and in tact for the first two weeks
- Removal of stitches/sutures typically occurs at an appointment with Dr Phegan and his in-house therapists at 10-14 days at first post operative appointment. Very occasionally some sutures need to stay in for longer
- Your appointment will be booked by Dr Phegan and a confirmatory SMS will be sent informing you of the time and date for follow up

Typical milestones

- 2 weeks: Wound review and removal of sutures, change from cast to boot, continue to non-weight bear
- 2-6 weeks: regular physiotherapy to increase range and weight bearing as per the protocol
- 6 weeks to 3 months: work on swelling reduction, scar massage and mobility
- Full recovery 6-12 months

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery

ANY PROBLEMS

During office hours contact Dr Phegan's office on (07) 56711120 or email info@drphegan.com

After hours please contact the hospital where your surgery was performed or attend your local GP