Ankle Arthrodesis

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint.

Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged.

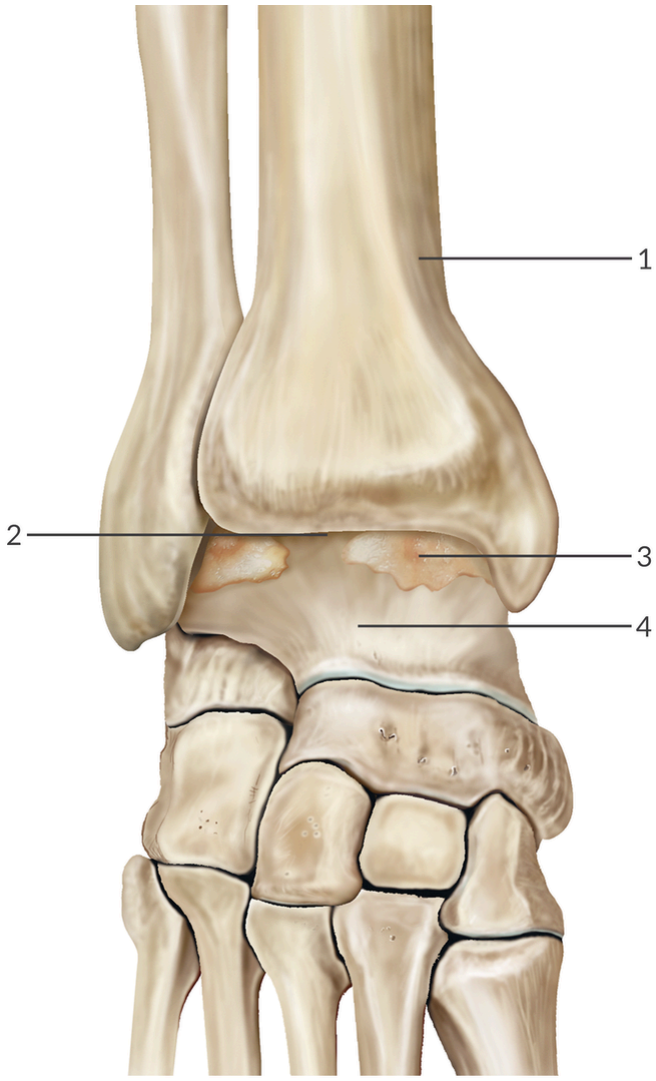
What are the benefits of surgery?

You should get less pain and be able to walk more easily.

Are there any alternatives to ankle arthrodesis?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis.

An arthritic ankle



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1. Tibia
2. Ankle joint
3. Worn cartilage
4. Talus

Using a walking stick on the opposite side to the affected ankle can make walking easier. A plastic splint or a stiff ankle boot with a cushioned heel is sometimes helpful. Physiotherapy may help to strengthen weak muscles.

A steroid injection into your ankle joint can sometimes reduce pain and stiffness for several months.

An arthroscopy (keyhole surgery) to clean out your ankle joint can give some relief for 6 to 12 months.

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All these measures become less effective if your arthritis gets worse and this is when your surgeon may recommend an ankle arthrodesis.

Some people with ankle arthritis can have an ankle replacement instead of an ankle arthrodesis.

What will happen if I decide not to have the operation?

Arthritis of your ankle usually gets worse with time.

Arthritis is not life-threatening but it can be disabling.

What does the operation involve?

Various anaesthetic techniques are possible. The operation usually takes an hour to 90 minutes.

Your surgeon will remove the damaged joint surfaces. They will fix the bones together with screws and sometimes a metal plate or rod.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Your ankle arthrodesis is much less likely to be successful if you smoke.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death.

General complications of any operation

- Bleeding during or after the operation.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Blood clot in your leg (deep-vein thrombosis – DVT).
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs.
- Difficulty passing urine.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Damage to nerves around your ankle. This usually gets better but may be permanent.
- Breakdown of the skin over your ankle.
- Infection in your ankle. If the infection is severe, you may need an amputation.
- Failure of the arthrodesis, where the bones do not join together.
- Severe pain, stiffness and loss of use of your foot and ankle (complex regional pain syndrome - CRPS). Your foot and ankle can take months or years to improve. Sometimes there is permanent pain and stiffness.
- Difficulty passing urine.

Consequences of this procedure

- Pain.
- Unsightly scarring of your skin.

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How soon will I recover?

You should be able to go home the same day or the day after.

To start with, spend most of the time with your leg raised on a chair or footstool.

Most people need to have the cast or boot for about 8 to 12 weeks. You will need to use walking aids until you can walk well without them. Once the cast is removed, regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a good recovery, have less pain, and can move about better.

Summary

If you have severe arthritis in your ankle, an ankle arthrodesis should reduce your pain and allow you to do more of your normal activities.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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