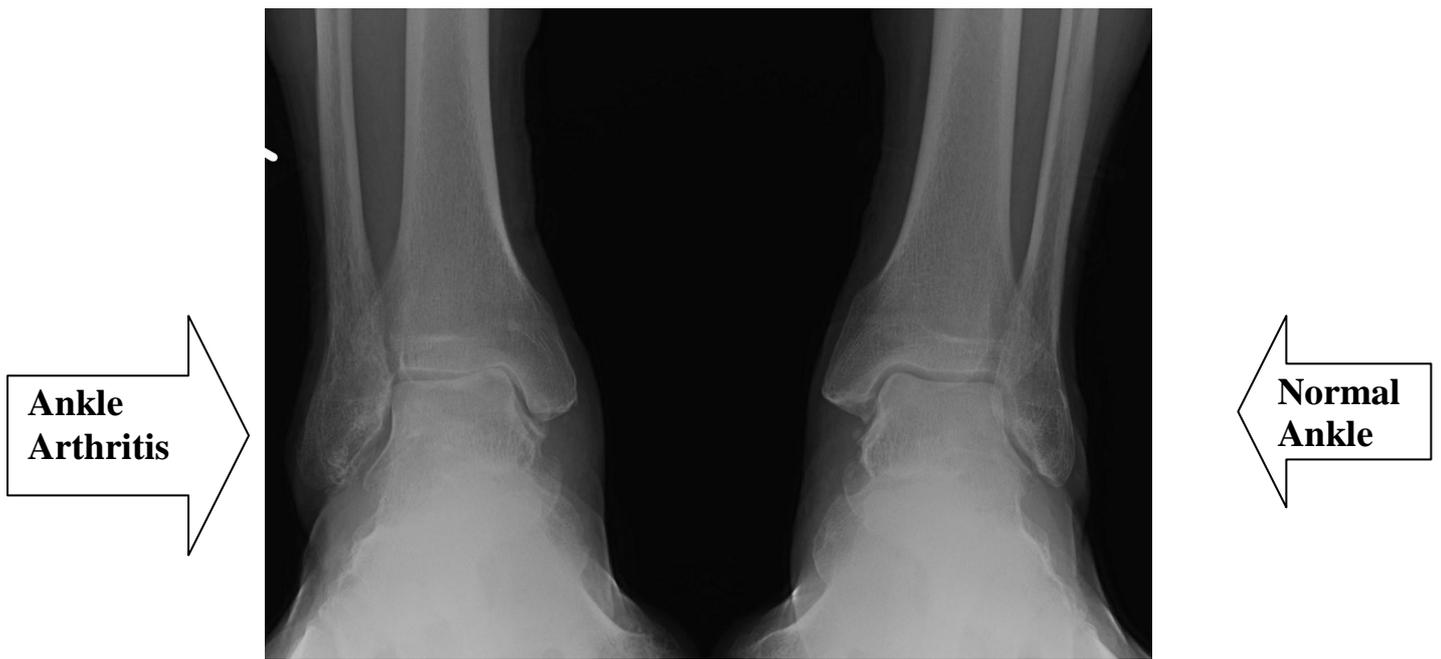


# **Ankle Fusion (Arthrodesis)**

## **What is ankle arthritis?**

Arthritis is a condition where a joint loses its protective layer (cartilage). As a result the bone surfaces rub each other which cause pain. Arthritis of ankle joint is usually due to previous injury or rheumatoid arthritis.



## **What is an ankle fusion?**

Ankle fusion is also referred as arthrodesis of ankle. It is an operation, in which the joint surfaces are fused together so that no movement is possible. Taking away the movement of the ankle is useful to get rid of pain due to arthritis.

## **Who needs ankle fusion?**

It is recommended for patients that have severe ankle pain due to arthritis, which is affecting the quality of their life and causing significant impairment of normal day to day activities.

### **Are there any treatment alternatives?**

Steroid injections can be performed for early arthritis but they will generally become less effective over time. Ankle replacement can be performed for ankle arthritis.

However, ankle replacement is not suitable for:

- Patients under the age of 50 years (except Rheumatoid arthritis)
- Very active patients with high demands
- Severe deformity of the ankle joint
- Previous infection of ankle joint

### **How is ankle fusion performed?**

Ankle fusion can be performed by an arthroscopic (keyhole) technique unless there is severe deformity. The arthroscopic technique has much lower morbidity and the recovery is much quicker as compared to an open technique. After the joint surfaces are removed by keyhole technique, two screws are inserted to hold the ankle rigidly while the bones heal together. In people with very stiff ankles a lengthening of Achilles tendon might be required which is done at the same time.



### **What happens in the hospital?**

Most people come in the hospital on the day of surgery. Most patients have a general anaesthetic and nerve block to keep them comfortable and pain free after the operation. The operated leg is in a temporary plaster (below knee slab). You will be given antibiotic through vein to reduce chances of infection and injection to prevent the clot (deep vein thrombosis). The day after surgery, the physiotherapist will help you to mobilise non weight bearing using crutches. Most patients leave hospital within 1-2 days of surgery.

### **What happens when I leave hospital?**

You can mobilise indoors with crutches. You will need to strictly elevate the leg at home for the first 2 weeks to reduce swelling. You will be seen at about 2 weeks after surgery to check wounds and change the plaster. You are then seen at 6 weeks with X-rays. At 6 weeks, you can start putting weight in plaster. Your next appointment would be at 12 weeks with X-rays. The plaster is usually removed at this stage and replaced by a boot. You would be referred to physiotherapy at 12 weeks,

### **What is the recovery period?**

You can not drive until you are out of your plaster or walker boot (3-4 months).

Most patients will require 4-6 months off work. It may take up to one year to feel the full benefit from the surgery.

### **What are the risks?**

Smoking can significantly increase the risk of complications. It is strongly advised to try and stop smoking.

- Wound problems & Infection: The incidence is 1-2 %.
- Non Union or delayed union: Up to 10%
- Mal Union (The fusion heals in wrong position)
- Clot (DVT) or Pulmonary embolism
- Damage to nerve or vessel.
- Pain
- Swelling
- Stiffness
- Arthritis of neighbouring joints
- Limp