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design by Medical Illustration

Information for patients

Total Ankle Replacement



Foot and Ankle



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Reasons for ankle replacement

The main reason for performing an ankle replacement is arthritis, this can be age related from general wear and tear or following an ankle fracture.

What is arthritis?

Arthritis is damage to one or more joints within the body. There are two main types of arthritis, the first one and probably the most common, is Osteoarthritis where there is a gradual wear and tear of the cartilage between the bone ends resulting in stiffness and increasing pain. In some patients this type of arthritis can occur following an ankle fracture.

Other types of arthritis are caused by inflammation within the body such as Rheumatoid Arthritis which leads to severe joint damage.

In either case the cartilage is destroyed within the joint causing bones to rub together causing pain and stiffness.

In order to stop the pain you are having, it has been recommended by your surgeon to replace your ankle joint with an artificial one. This is not compulsory as it is not an emergency, and it is entirely your decision to have this done or not.

This document is intended to give you as much information as possible about the risks and benefits associated with this operation so that you can make an informed decision.

Your questions will be answered by your surgeon or other health care professional before you sign the consent for operation form.

Benefits of Ankle replacement

If the operation is successful, your pain should be much less severe, you will be able to walk more easily and perhaps take less pain killers.

Who do I contact if I am worried or have questions?

Jane Herbert Nurse practitioner/ podiatrist on the Foot and Ankle help line: **01691 404202** leaving a message with your name, hospital number and contact number. Alternatively a call to the ward you were admitted to will be able to help.

Where can I get more information?

British Orthopaedic Foot and Ankle Society (BOFAS)

www.bofas.org.uk

Offers a list of all surgeons carrying out specialist foot and ankle surgery across the UK as well as patient information.

Arthritis Research UK

www.arthritisresearchuk.org

Phone: **0300 790 0400**

Offers a wide range of information and articles as well as a selection of self-help booklets which can be downloaded on the Internet.

National Rheumatoid Arthritis Society (NRAS)

www.nras.org.uk

Phone: **0845 458 3969**

Helpline: **0800 298 7650**

Email: enquires@nras.org.uk

Provides information and support for people with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA), their families, friends and carers.

Other useful links:

www.walktall.co.uk

www.cosyfeet.co.uk

www.diabetes.org.uk

If you have any comments on this leaflet please contact:

Mr Christopher Marquis

Foot and Ankle Unit

01691 404026

tracyoliver@nhs.net

Recovery time

You will be in hospital for one or two nights. If you are kept in it will be for sound clinical reasons. Once you are safe and can use the walking aids provided then you will be discharged from hospital.

Normally you would be put into a plaster cast and advised to keep your weight off the operated ankle for at least two weeks. Sometimes this will be for up to six weeks.

You are advised to keep the ankle dry, and elevated, and you must not drive or return to work until we advise you to.

Your first outpatient appointment is on or around two weeks from your operation date. Your cast and stitches are removed, an x-ray taken if required and a fresh lightweight cast re-applied to your lower leg.

Physiotherapy is normally commenced six weeks following surgery to increase the range of motion of your new joint.

If you any concerns following your surgery then you should contact the hospital for advice. A helpline number will usually have been given to you for this purpose, but if not then a call to the ward you were admitted to will be able to help.

Normal activities

Realistically it will be several months before you are back to normal activity. Swelling of your lower limb is normal and it can take up to a year for this to subside. You should be able to resume driving and return to work once the last x-ray has confirmed that the implant has remained in a satisfactory position, is moving well and you feel confident that you can do either safely. Following the removal of your cast you may be asked to walk in a special removable boot for a further few weeks, increasing your walking and activity as your foot allows.

Conclusion

Most people make a good recovery following an ankle replacement. Your pain will be much reduced but you may not achieve a full range of motion within your ankle and you may also have a small limp.

Is there an alternative to ankle replacement?

Most patients will have already tried simple painkillers such as Paracetamol and simple anti inflammatories such as Ibuprofen, There is some evidence to suggest that glucosamine, and fish oils may help relieve your symptoms and these should be discussed with your own doctor before you take them. It is worth noting that any supplements you take are usually stopped prior to an anaesthetic given for surgery.

The use of a walking stick and stout ankle boots may help support your ankle, a heel cushioning insole may also help. Exercise, as painful as this might be, is good to keep your muscles strong and help reduce stiffness within the joint(s).

Your doctor may consider putting a steroid injection into your joint to try and reduce painful symptoms. There may be side effects from doing this and cannot be repeated too often.

In the early stages of your arthritis, a keyhole operation (arthroscopy) may be suggested by your surgeon to inspect and clean out your ankle joint. The results of this may last for several months and is a lower risk procedure than ankle fusion.

As your arthritis progresses the above measures become less effective and your surgeon may well then recommend an ankle fusion or replacement. In some cases an ankle replacement may not be an option and this will be discussed with you if this is applicable to you and the reasons why.

If I decide not to have this operation now, what will happen?

Arthritis generally gets worse with time. If allowed to progress for too long the joint may also become deformed. Arthritis is not life threatening but can be very disabling and is affected by activity and weather.

What does the surgery involve?

It is usual for you to attend a pre-operative assessment clinic a few weeks before your operation, once a decision has been reached by you and your surgeon that surgery is the best option for you.

A very thorough assessment is carried out to ensure you are fit for your anaesthetic and operation. Any medications that you take will be discussed with you, so that, if any of these have to be stopped prior to your operation, you will know which ones they are, e.g Warfarin, Clopidogrel, HRT, Oral contraceptive pill and various medications to control Rheumatoid disease. Once this process is complete and you are happy to proceed, your surgeon will complete a consent form and invite you to sign and date that document.

There are various anaesthetics that can be used today and these will be discussed with you to find a suitable one for you.

The operation usually takes about an hour and a half to two hours to complete and you will wake up with a heavy plaster cast on your lower limb.



Risks and Complications of surgery

All surgery carries potential risks. Whilst the healthcare professionals will make your operation as safe as possible, there will be some patients who will have complications. Some of these can be serious and can even cause death. These risks will be discussed with you at some stage prior to your operation so that you are fully aware as part of the informed consent process.

Is there anything I can do to increase the success of this operation?

Smoking seriously affects bone healing cells so that the wound and bones are less likely to heal; it also increases your chance of post anaesthetic chest infection and you are strongly advised to give up or at least cut down drastically to help reduce this. If you are overweight, this has implications for your anaesthetic and puts excessive loading on your new ankle replacement.

Anaesthetic risk

You will see an anaesthetist on the morning of surgery and discuss the best type of anaesthetic for you and the risks associated with it.

1. General risks and complications of surgery

- Pain varies a lot in different patients, and you will be given pain relieving medication to take home with you. The best advice is to elevate your leg as much as possible to reduce swelling and to take your medication as prescribed without missing any doses.
- Bleeding; this may be noticeable through your dressing or plaster.
- Infection in the ankle; if you get an infection it usually affects the skin only (risk 1 in 50) and requires antibiotics and regular dressing changes. If, however the infection enters the replacement (risk: 1 in 200) this may lead to loosening of the implant and may need to be removed.
- Failure of ankle replacement; this may be due to implant not bonding to the bone (risk 1 in 8 after first ten years) or tilting of the implant inside your ankle (risk 1 in 20). If this happens you will almost certainly require another operation.
- On-going ankle discomfort; (risk 1 in 35) even though implant position looks good and functions well this can happen in some patients.
- Delayed wound healing; (risk 1 in 10) if this happens, you may need regular dressing changes and possibly a further operation.
- Fracture; there is a risk either during the operation or soon after that a small bone on the inside of your ankle may fracture (risk 1 in 10). This usually heals by itself but may require a further operation.
- Blood clots; these may form in your lower leg (Deep vein thrombosis -DVT) or may travel to your lungs causing a Pulmonary embolus (-PE). If you are at risk you will normally be prescribed an anti-clotting agent to help protect you from this.
- Implant failure; in some patients the new implant fails to bond to your skeleton, this can happen for a number of reasons and may have to be removed.
- Nerve damage; damage to nerves around the ankle may lead to numbness, weakness or permanent pain.
- On-going severe pain, loss of use and stiffness within foot and ankle (complex regional pain syndrome) (risk: 1 in 25). The cause of this is often unknown and if necessary painkillers and intensive physiotherapy may be required.