The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Information for patients

Ankle Fusion

Foot and Ankle

Reasons for Ankle Fusion

The main reason for performing an ankle fusion 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, your surgeon has recommended an operation to fix the bones in your ankle together. 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 fusion

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.

Is there an alternative to ankle fusion?

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, and 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 it 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. In some cases an ankle replacement may be an option and will be discussed with you if this is an option for you.

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?

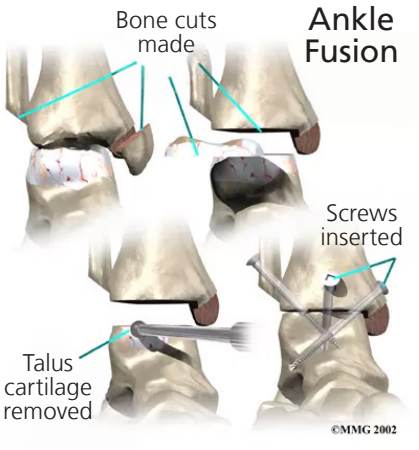
It is usual for you to attend a pre-operative assessment clinic a few weeks before your operation once a decision has been reached by you and your surgeon that surgery is the best option for you.

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 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 complete and you will wake up with a heavy plaster cast on your lower limb. In some patients it may be necessary to apply an external fixator to your leg, to hold things in place.

An ankle fusion can be performed in one of two ways; it can be done by keyhole method with several small cuts to the skin, or it can be performed by an open method, whereby larger cuts are made to the skin. In either case the bone ends will be fixed in place with metal screws, a rod, frame or plate to hold it in place while the bone ends join together. Eventually the bone ends will knit together so that the joint will not move any more.



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 and 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.

1. Anaesthetic risk

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

2. General risks of surgery

- Pain varies a lot in different patients; 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:** if an infection occurs it usually affects the skin only (risk 1 in 50) and requires antibiotics and regular dressing changes. If, however the infection enters the bone (risk 1 in 100) and cannot be cleared up following exhaustive measures then an amputation of the lower part of your leg may have to be considered.
- **Blood clots:** these may form in your lower leg (Deep vein thrombosis -DVT) or may travel to your lungs causing a clot (Pulmonary embolus –PE). If you are at risk you will normally be prescribed an anti-clotting agent to help protect you from this.
- **Non-union:** there is a risk that the bone ends do not join together (risk 1 in 10); if this happens and continues to be painful, the operation may have to be done again.
- **Nerve damage:** damage to nerves around the ankle may lead to numbness, weakness or permanent pain.
- Severe pain, stiffness and loss of use of the foot and ankle (complex regional pain syndrome) (risk 1 in 20). The cause of this is unknown. If it happens, you will need further treatment involving physiotherapy and painkillers.

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 foot for at least two weeks. Sometimes you will need to keep your weight off it for up to six weeks.

You are advised to keep your foot/cast 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 is taken if required and a fresh lightweight cast is re-applied to your lower leg.

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 bone ends have joined up 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 you walking and activity as your foot allows.

Most people make a good recovery following an ankle fusion. Although you will have lost the ability to move your ankle up and down, your pain will be much reduced. Other joints around the foot will have to work harder so they may ache for a little while whilst they are adjusting, and you may also have a small limp.

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

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If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

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