



GUIDE TO RISKS OF ANKLE OR HINDFOOT SURGERY

Copy to be signed and retained in the medical notes

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| Patient name: | <input type="text"/> | Consultant | <input type="text"/> |
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| Hospital Number: | <input type="text"/> | Date of Birth: | <input type="text"/> |

ALTERNATIVES to Ankle or Hindfoot Surgery

Many patients with ankle problems respond to non-surgical treatments and surgery should usually only be considered on failure of non-surgical treatments such as physiotherapy, rest, or analgesia.

RISKS of Ankle Surgery

- All operations have risks
- Any underlying medical conditions may worsen due to the operation

COMMON RISKS (occur in up to 5 in every one hundred surgeries)

- **Pain** – During most surgeries your surgeon or anaesthetist will use local anaesthetic to minimise the postoperative pain, but you should be prepared to have some pain or discomfort, which usually responds to simple analgesia.
- **Swelling** - Due to the effects of gravity, ankles and feet tend to swell, and this can sometimes last several months depending on the type of surgery.
- **Scarring** – any type of surgery will leave a scar, occasionally this will be painful and inflamed.
- **Wound redness or inflammation** – as with all invasive procedures there is the risk of minor wound infection, and some minor redness of the wound can occur and in some cases the wound edges do not heal fully. In some cases you may require antibiotics to get this to settle. Risks are higher in diabetics, those on immune suppression medication (eg steroids or rheumatoid medication) and smokers.
- **Numbness** – after surgery you are likely to have some minor numbness and tingling around the scar as the hair like nerves may have been cut during the incision. This may improve with time, but may be permanent.
- **Stiffness** – after surgery, especially if the limb is immobilised you will usually suffer from stiffness that may require physiotherapy to try and improve.

LESS COMMON RISKS (occur one in every one hundred surgeries)

- **Deep infection** – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, it can happen, and if the wound

does not settle on antibiotics, you may require a further operation, which may involve removal of metalwork if present.

- **Blood clots** – if your surgery involves immobilisation in a plaster or a period of non weight bearing, then the blood flow through the limb will be still and you will be at risk of developing a blood clot. These can lead to swelling of the leg (deep vein thrombosis) or shortness of breath and/or chest pain (pulmonary embolism). You should discuss the need for anti-coagulants with your surgeon
- **Nerve injury**- All surgery carries a risk of injury to small nerves. Your surgeon would discuss the particular risks depending on the type of surgery you are having. The symptoms can be numbness, tingling or even pain and may not improve with time and require referral to a pain or nerve specialist.
- **Prominent metalwork** – if metalwork (screws or plates) are being used then in some cases these can be prominent under the skin, requiring a second procedure to remove them at a later date.
- **Delayed bone healing** - this may occur in operations where the bone is cut or fused. Some people heal slower than others and those who smoke are at a greater risk of this occurring. You may have to remain immobilised for longer or require further surgery.

RARE RISKS (occur in less than one in every one hundred surgeries)

- **Deep infection** – Although the operation is performed under sterile conditions and all precautions are taken to prevent this, it can happen, and if the wound does not settle on antibiotics, you may require a further operation to remove the metalwork and clear the infection.
- **Fracture**- Any surgery involving cuts to the bone (such as osteotomies) or drill holes into the bone, risks fracturing (or breaking) a bone. This may require fixation by your surgeon at the time of the operation or if it occurred after the initial surgery, then you may require a second procedure to deal with this later. Ultimately, your surgeon will act in your best interests at the time of surgery to give you the best outcome.
- **Issues with metalwork** – if your surgery involves metalwork such as plates or screws, either insertion or removal, then there are risks of the implants breaking and your surgeon may feel it is better for the broken element to be left inside you, as the risk of trying to remove it outweighs the risk of leaving it alone.
- **Intraoperative fracture or broken metalwork**– rarely could a fracture occur during surgery or a metal pin or screw could break.
- **Complex regional pain syndrome** – this is where the “fight or flight” nerves that supply the ankle and foot go on strike and can cause swelling, stiffness, pain, and colour and temperature changes to the foot. Treatment requires counselling and physiotherapy and it could take several months to improve and may (rarely) be permanent.
- **Blood vessel damage** – damage to the blood supply could lead to bleeding and bruising after the surgery. In very rare cases this could effect the viability of the limb.
- **Further investigation or surgery**- sometimes the results of the surgery will not meet your expectations, especially if complications arise, and may require further investigation or further surgery.
- **Anaesthetic complications including death** – whilst this is extremely rare in ankle or hindfoot surgery, it can occur especially if there are pre-existing medical conditions.

DECLARATION

- I have read and understood this guide to risks of ankle and hindfoot surgery
- I have asked any questions and raised any immediate concerns that I might have
- I understand that I will be discussing the details of the anaesthesia with an anaesthetist

Signature _____

Print name _____

Date _____