

Patient Information for Consent

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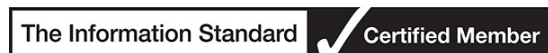
OS14 Ankle Arthrodesis
Expires end of September 2020

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What is arthritis?

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

Your surgeon has recommended an ankle arthrodesis operation to fix the bones in your ankle together. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. For a few people this is a result of a previous injury but usually it happens without a known cause.

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

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged (see figure 1). This causes pain and stiffness in the joint, which can interfere with normal activities.

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. Check with your doctor before you take supplements.

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. Regular moderate exercise can help to reduce stiffness in your ankle. Physiotherapy may help to strengthen weak muscles. If you are overweight, losing weight will help reduce the load on your ankle.

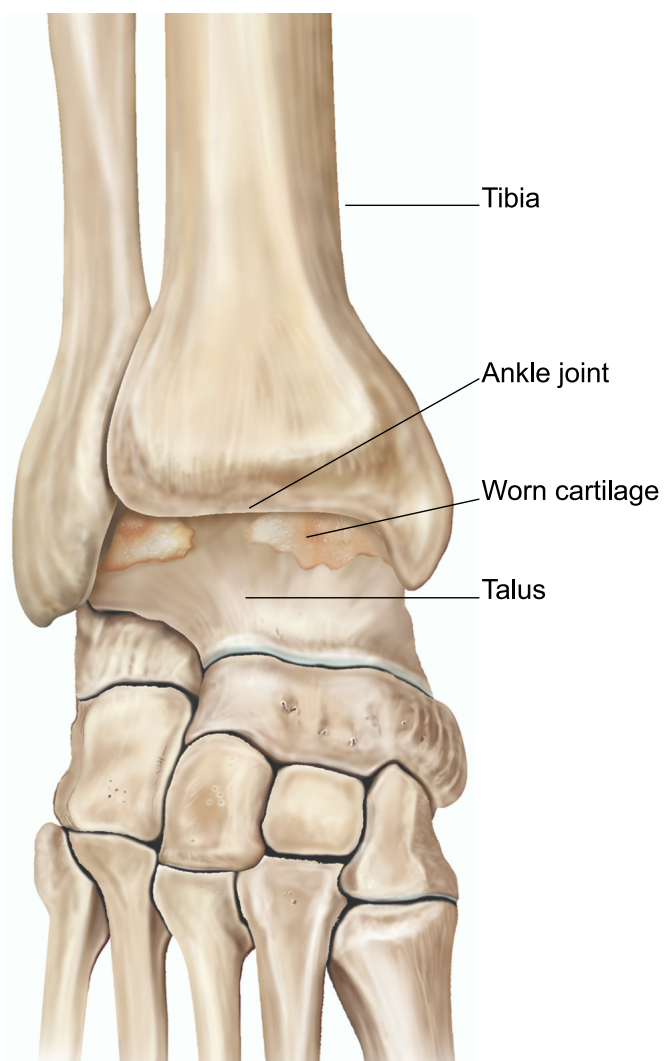


Figure 1
An arthritic ankle

A steroid injection into your ankle joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often.

An arthroscopy (keyhole surgery) to clean out your ankle joint can give some relief for 6 to 12 months. This is a lower-risk procedure than an ankle arthrodesis.

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. Your surgeon will tell you if this is an option for you.

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

Arthritis of your ankle usually, though not always, gets worse with time.

Arthritis is not life-threatening in itself but it can be disabling. Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes an hour to 90 minutes.

There are many different ways of performing the operation. Sometimes your surgeon can use keyhole surgery but other times they will need to make one or more larger cuts on your skin. Your surgeon will remove the damaged joint surfaces. They will fix the bones together with a metal plate, a metal rod, or screws (see figure 2).

With time, the bones will join together so that your ankle does not move at all.

Your surgeon will close your skin with stitches or clips and put your leg in a cast.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter. If you take anti-inflammatory painkillers, do not take them after the operation. These may prevent the bones from joining together properly.

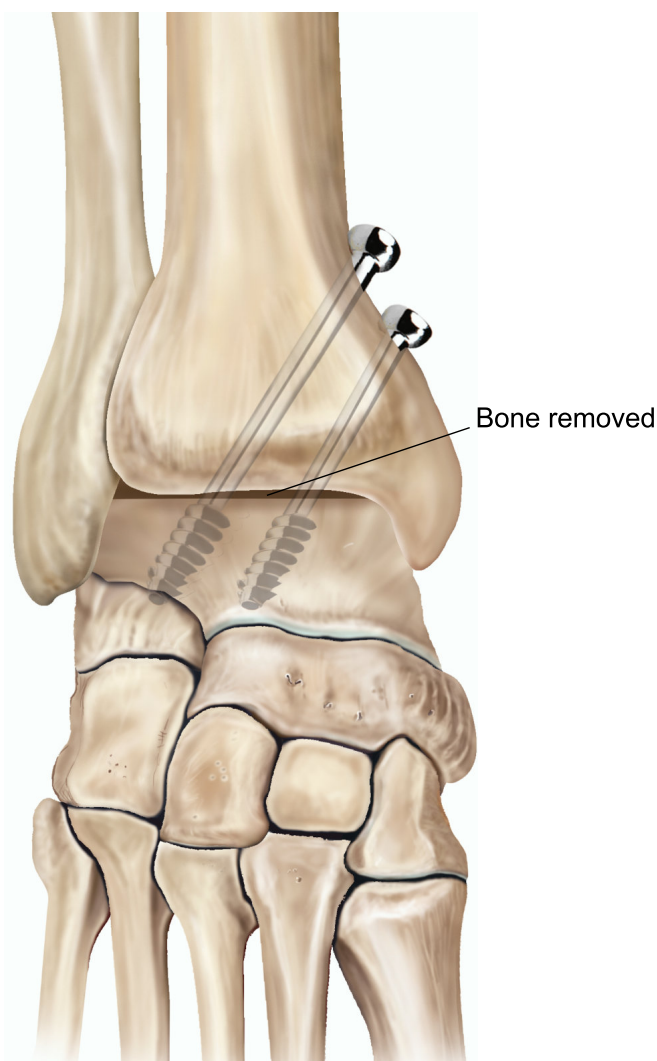


Figure 2
An ankle arthrodesis

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation 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.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

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 complications can be serious and can even cause death (risk: 1 in 900).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation.
- Infection of the surgical site (wound) (risk: 1 in 50). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. If you have a cast, you must keep it dry. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin, although ankle wounds usually heal to a neat scar.

- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 500). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 350). Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

Specific complications of this operation

- Damage to nerves around your ankle, leading to weakness, numbness or pain in your foot or ankle. This usually gets better but may be permanent.
- Breakdown of the skin over your ankle. You may need further treatment.
- Infection in your ankle (risk: 1 in 100). You will probably need another operation and a long course of antibiotics. If the infection is severe, you may need an amputation.
- Failure of the arthrodesis, where the bones do not join together (risk: 1 in 20 in 1 year). Your ankle may continue to be painful and you may need another operation to do the arthrodesis again.
- Severe pain, stiffness and loss of use of your foot and ankle (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your foot and ankle can take months or years to improve. You may be able to reduce this risk by taking a 1g vitamin C tablet each day for 6 weeks after the operation.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually have an x-ray to check the position of your ankle arthrodesis.

The physiotherapist will help you to start walking using crutches or a walking frame, usually the same day or the next day. Most people have their leg in a cast and need to keep their leg off the ground.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home after 1 to 2 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities. To start with, spend most of the time with your leg raised on a chair or footstool. You will be able to move around more as the swelling settles but do not take any weight through your leg until your surgeon tells you it is safe to do so.

Most people need to have the cast for about 8 to 12 weeks. You will need to use a walking aid until it is removed. 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.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery, have less pain, and can move about better. You may get a slight limp but most people can drive a car and do other normal activities. It can take up to a year for your ankle to stop improving.

Although your ankle will not move, other nearby joints in your foot can move a little more to make up for this. In the long term you may get some arthritis in these other joints because of the extra load on them. There is a small risk that you will need another operation (risk: 1 in 35 in 5 years).

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.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

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

Acknowledgements

Reviewer: Mr Stephen Milner DM FRCS (Tr. & Orth.)

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