

# Patient Information for Consent

MATTHEW WELCK  
CONSULTANT ORTHOPAEDIC SURGEON  
FOOT AND ANKLE SPECIALIST



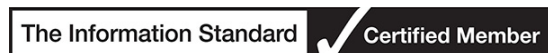
OS22 Total Ankle Replacement  
Expires end of September 2020

**Mr Matthew Welck** MBCHb.BSc.MSc.FRCS(Orth)

Consultant Orthopaedic Foot and Ankle Surgeon

Get more information and references at [www.aboutmyhealth.org](http://www.aboutmyhealth.org)

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)



## What is arthritis?

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

Your surgeon has recommended a total ankle replacement (see figure 1). 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.

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. 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 replacement?

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 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.

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 replacement.

All these measures become less effective if your arthritis gets worse and this is when your surgeon may recommend an ankle replacement.

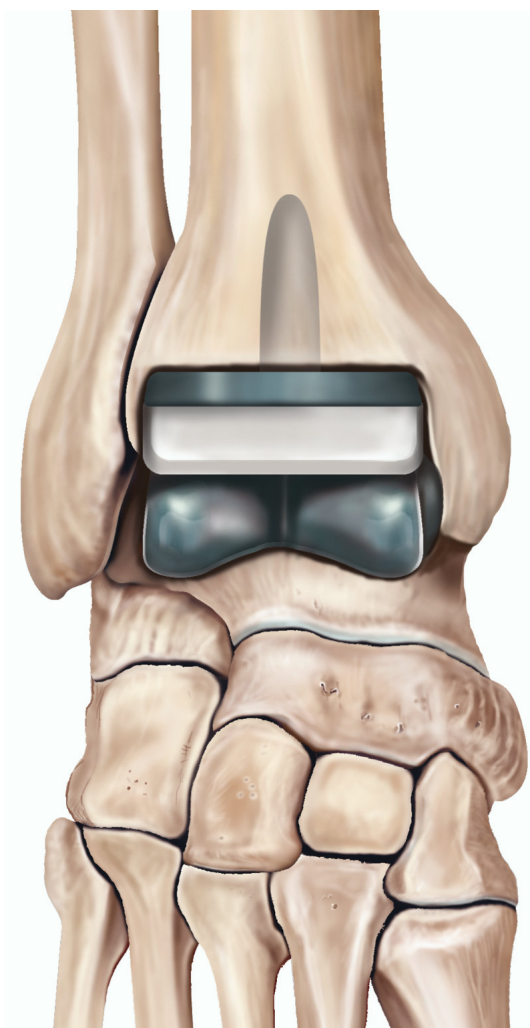


Figure 1  
A total ankle replacement

## 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.

An ankle replacement, like any other artificial joint, will wear out with time. For young and active people it is often better to have an ankle arthrodesis where your ankle bones are permanently fixed together using screws. This also results in less pain from arthritis and almost normal walking. However, in the long term an ankle arthrodesis may cause arthritis in other parts of your foot because it places extra load on nearby joints.

## 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 types of ankle replacement available and your surgeon will discuss the options with you.

Your surgeon will make a cut on the front of your ankle and remove the damaged joint surfaces. They will replace these with an artificial joint made of metal and plastic.

Your ankle replacement is fixed to the bone using special coatings on the metal that bond directly to the bone.

Your surgeon will close your skin with stitches or clips.

## 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.

## 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.

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.

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. You may need a blood transfusion.
- 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-replacement wounds usually heal to a neat scar.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 25). 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 500). 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.
- Chest infection. You may need antibiotics and physiotherapy.
- Heart attack (where part of the heart muscle dies). A heart attack can sometimes cause death.
- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain). A stroke can sometimes cause death.

## Specific complications of this operation

- Damage to nerves around your ankle, leading to numbness or pain in your foot. This usually gets better but may be permanent.
- Damage to blood vessels around your ankle, leading to loss of circulation to your foot. You will need surgery straightaway to restore the blood flow.
- Slow healing of your wound (risk: 1 in 10). You will need regular dressings for a few weeks and possibly another operation.
- Fracture of the bone on the inner side of your ankle during the operation or later on (risk: 1 in 10). The bone usually heals but sometimes you may need another operation.
- Infection in your ankle, which can result in loosening and failure of your ankle replacement (risk: 1 in 200). You will usually need one or more further operations to control the infection.
- Failure of your ankle replacement caused by loosening of the metal from the bone (risk: 1 in 8 after the first 10 years) or tilting of your ankle (risk: 1 in 20). You will almost always need another operation.
- Continued discomfort in your ankle, even though your ankle replacement itself works well (risk: 1 in 35).
- 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 replacement.

The physiotherapist will help you to start walking using crutches or a walking frame, usually the next day.

You may have a splint, a special boot, or a cast on your ankle for a few weeks. Your surgeon or the physiotherapist will tell you how much weight you can put on your leg.

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 2 to 5 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 reduce the risk of problems, it is important to look after your new ankle as you are told.

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.

You may need to use a walking aid for a few weeks.

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. An artificial ankle never feels quite the same as a normal ankle, and it is important to look after it in the long term. It is common for your ankle to be swollen after an ankle replacement. It can take up to a year for the swelling to go down.

An ankle replacement can wear out with time. This depends on your body weight and how active you are. Eventually a worn ankle replacement will need to be replaced or taken out and the bone that is left fused together. About 8 in 10 ankle replacements will last 10 years. Because an ankle replacement is a relatively new operation, it is not yet known how much longer than this an ankle replacement will last.

## Summary

Arthritis of your ankle is often the result of previous ankle injuries or rheumatoid arthritis. If you have severe pain, stiffness and disability, an ankle replacement should reduce your pain and still give you some movement in your ankle.

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.)  
Illustrator: Medical Illustration Copyright ©  
Medical-Artist.com

**This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.**