

# Ankle fusion



## What is an ankle fusion?

An operation is done to remove the cartilage from between the bones of your ankle and fuse them into one bone. This eliminates joint motion and reduces pain coming from the arthritic joint. Ankle fusion is also known as ankle arthrodesis.

This procedure is done for a painful arthritic ankle joint, where other treatment options like joint replacement is not suitable and more conservative treatments such as anti-inflammatory medication, anaesthetic injections and arthroscopy have been tried without success. The overall aim is to reduce the pain caused by the arthritis. The ankle joint is made completely stiff, but you will still be able to move the joint below the ankle and the joints in the foot.

## How is it done?

This procedure is usually performed under general anaesthetic and frequently combined with a nerve block for pain relief. Occasionally a spinal anaesthetic may be recommended.

Surgery may be done either through a medium sized incision (~10cm) or through a keyhole operation, depending on the individual circumstances. An incision is made over the front or side of the ankle. The damaged joint surfaces are prepared down to bleeding bone and the joint is then held together with screws/plate.

The keyhole operation is done through small incisions around the ankle. The damaged joint surface is prepared using keyhole instruments and then held with screws.

The operation takes about 1½ to 2 hours. You will be admitted on the day of operation and kept in for 1 or 2 nights depending on the pain control and mobility.

## After the operation

It is important to keep the leg elevated as much as possible especially for the first 2 weeks. You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home.

You will need some painkillers for the first few days. Your leg will be in plaster or a boot for up to 12 weeks. You will be on crutches without putting any weight on the operated leg for the initial 6 weeks. After 6 weeks, you may start increasing your weight-bearing through the plaster or boot. Your first clinic follow-up is usually 12 to 14 days after surgery.

Wound care – The backslab should be kept dry. At your first clinic appointment, wound inspection and suture removal would be undertaken.

Work - If you have a sedentary job you should be able to return to work within 2 weeks (if you can arrange safe transport). If your job is physical, you may need to stay off work until the boot / cast is removed.

Recovery - Your ankle will continue to improve up to 12 months following surgery. Intermittent swelling and aches are common in the initial phase of recovery.

## What risks are there involved in the procedure?

- Infection
- Nerve damage – causing numbness and painful scar
- Deep vein thrombosis (DVT) and pulmonary embolism (PE) – blood clots in the vein or lungs – very rare
- Non-union or delayed union (bones not fused together).
- Residual pain in other joints
- Prolonged recovery

It is beyond the scope of this document to identify all the most extreme (less than one in a thousand) risks that you might be prone to but we will be very happy to discuss any worries about specific concerns and also about any family history or your own personal history of problems in the past which are much more relevant. If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with us.

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