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ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگرآپ اس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اِس فون نمبر 01932 723553 پر رابطہ کریں

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আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Total Ankle Replacement

Rowley Bristow Orthopaedic Unit

01932 723646

Patient Information

Arthritis Research UK / Versus Arthritis
https://www.versusarthritis.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)
https://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.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.
If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Complications	Current literature, % (range)
Intraoperative fracture: medial malleolus	*3.1* to *9*
Intraoperative fracture: lateral malleolus	*0.05* to *2.1*
Postoperative early fracture (< 4/12)	N/A
Postoperative late fracture (> 4/12)	*2.0* to *5.0*
Malpositioning/technical error	*5.2* to *6*
Wound-healing problems	*0.9* to *14.7*
Superficial infection	*1.3* to *3.8*
Periprosthetic (deep) infection	*0* to *5.7*
Aseptic loosening/osteolysis	*3.2* to *19*
Polyethylene fracture/dislocation	*0* to *14*
Edge loading	*4.5* to *23*
Gutter pain	*2* to *23.5*
Residual pain	*3.5* to *60*
Stiffness	*0* to *0.4*
Soft-tissue injuries (nerve/tendon)	*0.5* to *15.3*
Subsidence	*0.9* to *46*
Thromboembolism (DVT/PE)	*0* to *4.8*
Chronic regional pain syndrome	*0* to *4.4*
Amputation	*0.9* to *2.6*

Useful Links

British Orthopaedic Foot and Ankle Society (BOFAS)
https://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.

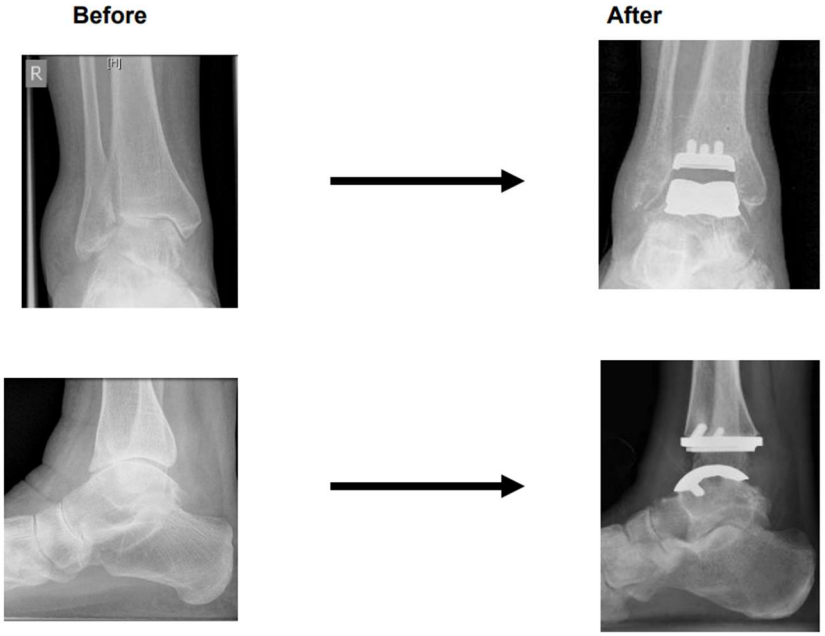
Key points

1. Ankle replacement is an operation to remove the parts of the ankle severely affected by arthritis and replace them with an artificial joint made of metal and plastic.

2. The purpose of the operation is to reduce pain and improve function.

3. Unlike an ankle fusion, a replacement allows you to move your joint after surgery.

Appearance on X-ray



Benefits of surgery

In most cases, a replaced ankle will maintain the range of movement that it had prior to surgery. This means that patients can walk normally, and it is thought that the risk of putting excess strain on surrounding joints is less than would be the case with a fused ankle. The current research suggests that, provided post-operative instructions are followed, approximately 90% of patients undergoing ankle replacement surgery can expect a significant improvement in quality of life, a reduction in pain and improved mobility. The most recent studies conclude that approximately 80 - 90% of ankle replacements will still function well 10 years after surgery.

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.

If you have any concerns following your surgery, then you should contact the hospital for advice. A helpline number will usually have been given to you for this purpose, but if not, then a call to the ward you were admitted to will be able to help.

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 implant has remained in a satisfactory position, your ankle is moving well, and you feel confident that you can do either safely. If you have had a cast applied for 6 weeks, following the removal of your cast, you may be asked to walk in a special removable boot for a further few weeks, increasing your walking and activity as your foot allows.

Conclusion

Most people make a good recovery following an ankle replacement. Your pain will be much reduced, but you may not achieve a full range of motion within your ankle, and you may also have a small limp.

- Nerve damage; damage to nerves around the ankle may lead to numbness, weakness or permanent pain (risk 1 in 80).

- On-going severe pain, loss of use and stiffness within foot and ankle (complex regional pain syndrome) (risk: 1 in 25). The cause of this is often unknown and if necessary, painkillers and intensive physiotherapy may be required.

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 operated ankle for at least two weeks. Sometimes this will be for up to six weeks.

You are advised to keep the ankle 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 taken if required and a fresh lightweight cast or a boot is re-applied to your lower leg.

Physiotherapy is normally commenced six weeks following surgery, to increase the range of motion of your new joint.

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 today, 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 two hours to complete and you will wake up with a heavy plaster cast on your lower limb. This will most of the times be converted to a boot 2 weeks later, to allow you to fully weight bear.

Usually, you will need to stay in hospital for one night.

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. 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.

Is there anything I can do to increase the success of this operation?

Smoking seriously affects bone healing cells so that the wound AND BONES are less likely to heal; it also increases your chance of post anaesthetic chest infection, and you are strongly advised to give up or at least cut down drastically to help reduce this. If you are overweight, this has implications for your anaesthetic and puts excessive loading on your new ankle replacement.

Anaesthetic risk

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

General risks and complications of surgery

- Pain varies a lot in different patients, and 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 in the ankle; if you get an infection, it usually affects the skin only (risk 1 in 30) and requires antibiotics and regular dressing changes. If, however, the infection enters the replacement (risk: 1 in 50) this may lead to loosening of the implant and may need to be removed.

- Failure of ankle replacement; this may be due to implant not bonding to the bone (risk 1 in 12 after first ten years) or tilting of the implant inside your ankle (risk 1 in 20). If this happens, you will almost certainly require another operation.

- On-going ankle discomfort; (risk 1 in 35) even though implant position looks good and functions well this can happen in some patients.

- Delayed wound healing; (risk 1 in 30) if this happens, you may need regular dressing changes and possibly a further operation.

- Fracture; there is a risk either during the operation or soon after that a small bone on the inside of your ankle may fracture (risk 1 in10). This usually heals by itself but may require further operation.

- Blood clots; these may form in your lower leg (Deep vein thrombosis - DVT) or may travel to your lungs causing a Pulmonary embolus (- PE). If you are at risk, you will normally be prescribed an anti-clotting agent to help protect you from this. (risk 1 in 150)

- Implant failure; in some patients the new implant fails to bond to your skeleton, this can happen for a number of reasons and may have to be removed.