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Adult and Paediatric Orthopaedic Surgeon
Specialising in the Foot and Ankle

Ankle Arthrodesis

INTRODUCTION

Ankle arthrodesis (fusion) is traditionally the “gold standard” when it comes to the definitive treatment of ankle arthritis. It is a very reliable way of relieving pain, and improving lifestyle in the setting of end-stage ankle arthritis. Whilst ankle replacement surgery is becoming more commonplace, in certain situations such as significant deformity, large body mass index, and younger patients, ankle arthrodesis is preferred. Ankle fusion involves joining the two main bones of the ankle - the tibia and the talus - together. After an ankle fusion most patients are able to walk without a discernible limp and have minimal pain.

THE PROCEDURE

There are a number of steps to Ankle Arthrodesis:

1. General Anaesthetic
2. Administration of intravenous antibiotics
3. Nerve block at knee with local anaesthetic for post-op pain relief
4. Bone graft harvested from the heel bone via a small 1cm incision
5. Longitudinal incision made over the front of the ankle
6. Remaining diseased cartilage removed from the arthritic ankle
7. Bone graft and growth factor inserted into the ankle to stimulate fusion
8. Fixation of the ankle with titanium plate and screws
9. Check Xray using intra-op Xray machine
10. Wound Closure with sutures
11. Plaster Backslab

RISKS & COMPLICATIONS

Every surgical procedure carries some risk. These risks are largely uncommon and many are rare.

They include:

Anaesthetic complications

Drug reactions

Wound infection

Deep Vein Thrombosis (DVT)/Pulmonary embolism (PE)

Sensory nerve injury

Chronic Regional Pain Syndrome

Failure of Bone Fusion (Non-union)

Malpositioning

Failure of the procedure to relieve some or all of the presenting symptoms

POST OPERATIVE PROTOCOL

3 nights in hospital for observation, training with hospital physiotherapist to use crutches/knee scooter

Backslab plaster and its dressings kept dry and intact until first post-op appointment

Keep foot elevated as much as possible, for the first 2 weeks

Bloodthinner (Xarelto) taken for first 6 weeks whilst non-weightbearing

Pain killers required for up to 2 weeks

First post-op appointment roughly 2 weeks post surgery for wound check and conversion to full cast

Weightbearing – nonweightbearing for first 6 weeks,

Weightbearing in moonboot from 6 – 10 weeks

Return to most activities by 6 months

Full recovery up to 12 months

PROBLEMS AND CONCERNS

If you have any queries or concerns, contact Dr. Ling's rooms on 9650 4782 between business hours. After hours or on weekends, if your matter is urgent, please present to the Emergency Department at Prince of Wales Hospital if you are an adult, or Sydney Children's Hospital if the patient is your child, and you will be seen by the Orthopaedic Registrar on call, who will contact Dr Ling directly