

Patient Information leaflet

Ankle Fusion

What is fusion surgery?

Fusion (arthrodesis) is an operation performed to remove the cartilage from the joint surfaces and bones are fixed together using metalwork (screws, plate or a combination). The body then heals it like a fracture and new bone grows across the joint to complete the fusion.

Why do I need a fusion?

Ankle fusion is one of the two options to treat an arthritic (worn out) joint to alleviate pain and improve function (the other option being an ankle replacement). It is considered when non-surgical methods of controlling the pain fail and your ankle is not suitable for an ankle replacement. The fusion makes the ankle joint completely stiff and you lose the movements in it, however the joints below the ankle and in the middle part of your foot continue to move and try to compensate for the absent movements in the ankle.

The Procedure

Depending on the severity of deformity in your ankle, the procedure can be performed either through a key-hole or open incision. After preparation of joint surfaces, usually 2 or 3 screws or a plate are used to fix the bones. Bone graft is also used which is taken from local bone chips, or synthetic material to help in appropriate healing.

The operation is performed either under a general or a spinal anaesthetic (the options discussed by the anaesthetic in detail prior to surgery) depending on your medical fitness and mutual preference. Regional local anaesthetic in the nerves of the lower part of the leg is also often used to help in maintaining appropriate pain relief after surgery.

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The wound is closed with removable (removed in two weeks after surgery) or absorbable sutures depending on surgeon's preference. You will have a temporary half plaster of Paris slab behind your lower leg. You will be expected to stay in the hospital for 1-2 nights depending on your pain level and mobility assessment by the physiotherapists. You will use a walking frame or a pair of crutches with only toe-touch weight bearing on the operated leg for a period of 6 weeks.

Recovery

After going home, elevation of the ankle and pain killer medications are recommended in the first few days. You are likely to be given heparin injections (depending on surgeon's preference) for 6 weeks to minimise the risk of blood clots. Wound dressings are not disturbed until you are seen in clinic at 3 weeks stage. At that stage, the ankle is placed in a walker boot and weight bearing is increased gradually. At 6 weeks you will be reviewed in the clinic for x-rays and will continue to mobilise with the boot until the healing is complete (3-4 months). A good level of recovery may take 3-6 months and in some cases even longer depending on the progress of the healing.

What complications can occur after surgery?

Potential risks and complications include infection, wound problems, bleeding, blood clots in the leg or lungs (deep vein thrombosis, pulmonary embolism), non-healing, delayed healing, ongoing pain, stiffness, damage to nerves and vessels, numbness around the scar, chronic regional pain syndrome, metal work problems requiring further surgery, wear and tear in the adjacent joints in the long-term and anaesthetic risks. These potential problems occur in a small percentage of cases but the risk increases with the presence of certain medical conditions and the use of certain long-term medications.