What are the possible complications?

- Infection
- Ongoing pain
- Failure of bone healing (non-union)
- Sensitive or painful scars
- Clots in the leg (DVT)
- Clots in the lung (PE)
- Chronic Regional Pain Syndrome

After this operation, walking uphill is usually difficult and some patients require shoe-wear modification.

Smoking, diabetes, rheumatoid arthritis, being on steroids or blood thinning medication increases possible risks significantly.

Prophylaxis against clots:

According to the current UK guidelines you could be prescribed blood thinning medication to reduce your risk of getting clots. You will usually be prescribed two tablets of “Aspirin” to take daily (150 mg). In some cases you will require “Low Molecular Weight Heparin” subcutaneous (under the skin) injections. You will be shown how to self inject once daily.

Useful phone numbers

- Royal Infirmary of Edinburgh 0131 536 1000
- St John's Hospital 01506 523 000
- Waiting-List office 0131 242 3437

The described technique is for a standard case and can frequently be changed to suit individual cases. The anaesthetist may decide to use a different type of anesthesia depending on the individual need of patients.

The Edinburgh Foot & Ankle Unit

Edinburgh Royal Infirmary
51 Little France Crescent, Edinburgh
EH16 4SU

St John's Hospital
Howden Road West, Livingston
EH54 6PP
What is ankle arthritis?

Ankle arthritis is a process of wear and tear involving the ankle joint. It is most commonly a consequence of a previous ankle injury or fracture. Patients with rheumatoid disease can also suffer arthritis in the ankle joint.

Patients usually complains of pain around the joint which becomes worse with walking, along with stiffness, recurrent swelling and a sense of giving way.

The diagnosis is made by clinical examination and x-rays.

Fusion of the ankle joint

Why do you need this operation?

Before being offered this operation, you should have tried treatments such as footwear changes, cushioned inserts, braces, anti-inflammatory medications and walking aids. You should also have reduced 'impact' activities and, if appropriate, tried to loose weight.

This operation is offered to you if you continue to have symptoms despite trying the above measures and lifestyle changes, and after you have been examined and counseled by a member of the foot and ankle team.

The operation is usually offered in severe cases of arthritis of the ankle joint.

What does the operation involve?

The operation is performed as an inpatient and you will be discharged when mobile and comfortable.

The operation is performed with general anaesthetic and nerve block (which means numbing the nerves of the foot and ankle).

The operation involves one incision over the outside or the front of the ankle joint, sometimes supplemented with extra incisions. The remaining cartilage covering the joint surfaces is removed and the two ends of the joint are fixed using screws or plates. Operations performed through the outside incision involve removing the smaller bone of the ankle (fibula) and using it as a local bone graft.

Your leg is placed in a plaster.

Your post-operative period

- You see the physiotherapist after your operation and they give you crutches
- Strict elevation for the first two weeks and when necessary afterwards
- Mobilize with crutches for the first 6 weeks.

Your follow-up

- Nurse-led clinic at two weeks to remove the initial plaster and stitches. A full below knee non-weight-bearing plaster is then applied
- Consultant clinic at six weeks to remove the plaster and take x-rays. A new full below knee weight-bearing plaster or a removable boot is then applied
- Consultant clinic again at 12 weeks to remove the plaster
- Off work for around 12 weeks, depending on your job
- No driving for 12 - 14 weeks
- Follow-up until the bones have united, which may on occasions take longer.