

Total ankle replacement-information leaflet

What is a total ankle replacement (TAR)?

TAR is an operation to treat ankle arthritis. In this operation, the bones forming the ankle joint are cut and replaced with an artificial joint. The ankle replacement is made up of 3 parts. 2 metallic parts and a plastic insert between the metallic parts. The metallic parts are designed to bond into the bones and the plastic insert gives a smooth surface for the joint to glide and rotate. The metallic components are fixed to the bones by pegs. The undersurface of the metal has porous coating which facilitates bonding with bone. The plastic insert is made from high density polyethylene (very strong plastic).

What is the aim of TAR?

The aims of TAR are pain relief and retaining ankle range of movement. TAR very successfully achieves the above goals. There is a very high satisfaction rate amongst patients who have undergone TAR.

Who is suitable for a TAR?

TAR is indicated in patients with painful advanced ankle arthritis. There are two potential surgical options for advanced ankle arthritis, ankle fusion(stiffening the ankle joint) or TAR. The decision to proceed with TAR is made after a detailed discussion between the surgeon and the patient. Several factors are taken into consideration before offering TAR. Ankle deformity, ankle range of movement, general health of the patient, age, physical demands, condition of soft tissues around the ankle, previous fractures, BMI (body mass index) etc are taken into consideration and a shared decision between the patient and the surgeon is made before proceeding with TAR. Short to medium term results for TAR are very good. The short to medium term success rate of TAR is approximately 90%. The long term results of the ankle most commonly used in the UK are not known.

What happens after you are placed on the waiting list?

You will undergo pre-operative assessment to assess if you are medically fit to undergo the operation. The person assessing you may perform blood tests, tracing of your heart (ECG), chest X-ray or Echocardiogram (heart scan). If any of the above show abnormalities, opinion will be sought from the anaesthetic team regarding your suitability for surgery.

What happens on the day of surgery?

The patients are usually admitted on the day of the operation. On the day of the operation, the patient will see members of the team i.e. nurses, physiotherapists, anaesthetist and the surgeon. The anaesthetist will discuss the type of anaesthesia with the patient. In most cases the operation is performed under general anaesthesia (patient is asleep). You must report any rashes, cuts, dental infection, urinary tract infection, skin infection etc to the Surgeon. Routinely, a thigh tourniquet (device to stop bleeding) is used to stop blood flow to the ankle during surgery. The ankle joint is approached through a cut made on the front of the ankle. Using special jigs, saw and X-ray the arthritic part of the ankle joint is removed and new joint is inserted. The operation takes about 2 to 3 hours.

What is the recovery after TAR?

The patient is placed in a plaster splint (back slab) immediately after the operation. Patients are asked not to put any weight on the operated leg for 2 to 3 weeks following surgery. As there is risk of blood clots, patients will be prescribed blood thinning injections post-operatively. You will be seen in clinic 2 to 3 weeks after surgery and stitches will be taken out by a nurse. After removal of stitches, a walker boot is given and patients will progress to full weight bearing by 6 to 8 weeks. X-rays will also be done regularly to check the position of the prosthesis. Physiotherapy input may also be needed.

What are the complications of TAR?

- Infection/wound problems
- Clots
- Bleeding
- Swelling
- Stiffness
- Fractures
- Damage to nerve/tendon/blood vessels
- Chronic pain syndrome/unexplained pain
- Need for revision surgery
- Loosening of implants

When can I drive after TAR?

Right TAR

You can start driving (car/HGV) 6 weeks after the operation

Left TAR

If you drive a manual car, you can start driving 6 weeks after the operation. On the other hand, if you drive an automatic car, you can start driving after a couple of weeks.

When can I play sport after TAR?

You can start walking, cycling, golf, swimming and yoga after 6 weeks from the time of surgery. However, sports involving significant impact on the operated ankle ie football, squash, running, badminton etc must be avoided after TAR.