

Is ankle replacement right for you?

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Are your daily activities limited due to ankle pain? Ankle arthritis, most often occurring from osteoarthritis, rheumatoid arthritis, or post-traumatic arthritis, is one of the major causes of ankle pain.

Many individuals now have advanced surgical options to eliminate or substantially reduce ankle pain. If you have completed at least six months of conservative therapy with modalities such as bracing, anti-inflammatory medications, and a cane or crutches, and had little success, you may be a good candidate for an ankle replacement.

When the ankle is replaced, the worn-out joint surface is removed and resurfaced with a cobalt-chrome metal alloy and a polyethylene plastic spacer. These components replace the damaged cartilage surfaces and are designed to decrease arthritic pain while maintaining joint motion. Maintaining ankle motion likely reduces the possibility of developing arthritis in other lower extremity joints that may progress with other procedures that sacrifice motion. Preservation of motion may also help the patient to maintain a normal walking pattern.

Ankle replacement may not be the right choice for individuals with previous ankle infections, diabetes, neuropathy, or those who are severely obese. Moreover, young adults who engage in high-impact activities, such as running or jumping, may need to consider alternative treatment options.

Preoperative Evaluation

During your initial office visit, your surgeon will review your history and previous ankle images, such



as radiographs, MRIs, and CT scans. Even if you have existing radiographs, your visit may include new standing weight-bearing radiographs of your lower extremity. We will answer any questions regarding the ankle replacement surgery and also discuss other treatment alternatives.

The Surgical Procedure

Ankle replacement is performed in an operating room suite with an anesthesiology team and an orthopaedic surgery team. This includes general anesthesia, and most patients elect to have a popliteal nerve block. The nerve block



By JESSE F. DOTY, M.D.

is left in place for up to three days and often substantially decreases postoperative pain. The surgical procedure usually takes about two hours. Depending upon your age, medical conditions, and how far you've traveled, you will likely stay in the hospital overnight.

After Surgery

You will receive nursing care from our highly skilled nurses. Associates from our orthopaedic department will see you each day. A physical therapist may assist you in learning to walk safely with crutches or a walker without putting too much pressure on your new ankle.

You will spend most of the early recovery period resting and elevating your leg to decrease swelling. At the time of discharge, we will protect your ankle with a supportive splint. We will see you in the office about a week later to check your incision and place your ankle in a fiberglass non-weight-bearing cast. At your three-week office visit, sutures are removed, and you will receive a new walking cast. Typically, you can start ankle motion exercises at six weeks when you are transitioned into a removable boot. Most patients are back into a regular shoe around three months after surgery.

In the United States, current generation ankle replacement procedures began with an FDA approval process starting in 1999. In some studies, success rates of ankle replacement parameters have been equivalent to or better than ankle fusions. A 2011 study, for example, reported a 90% implant success rate at follow-up visits nearly 10 years after surgery. The advantages of replacement over fusion include the ability to maintain motion, protection of the surrounding joints from developing arthritis, and possibly quicker weight-bearing after surgery.

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